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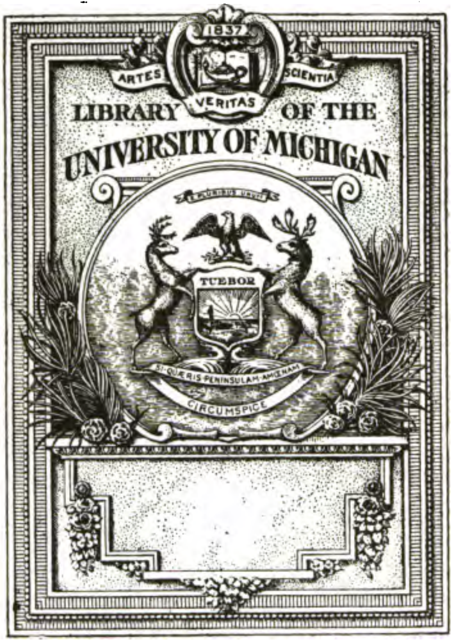
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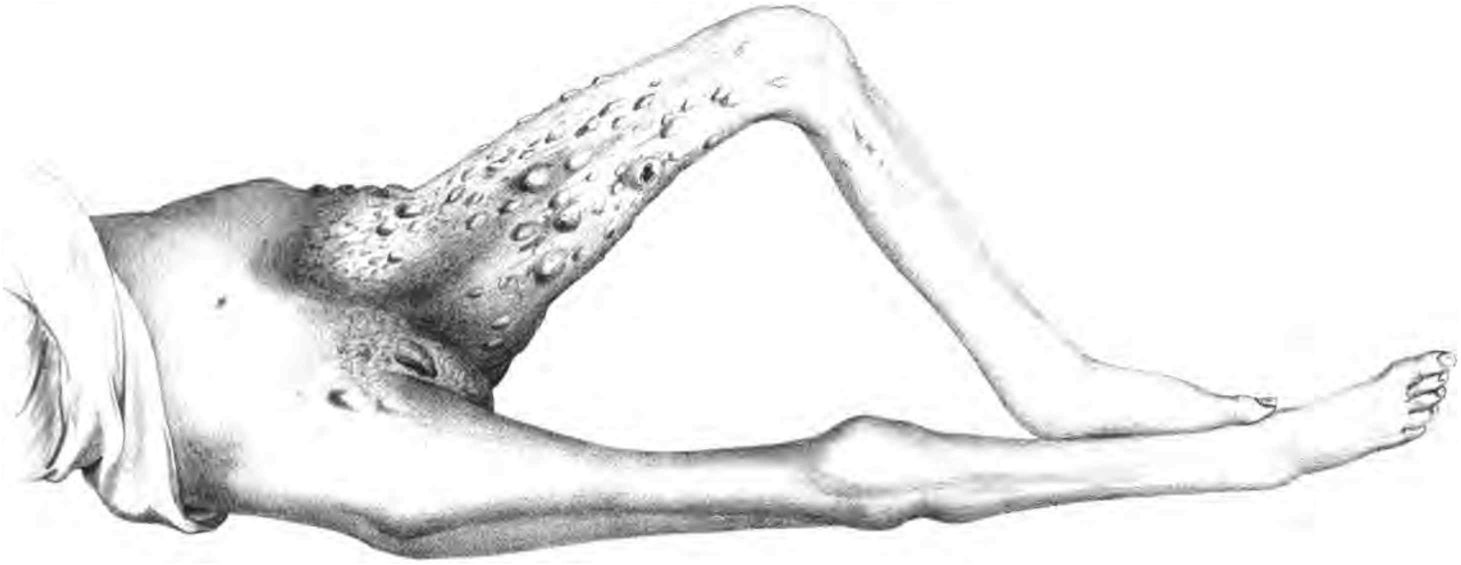

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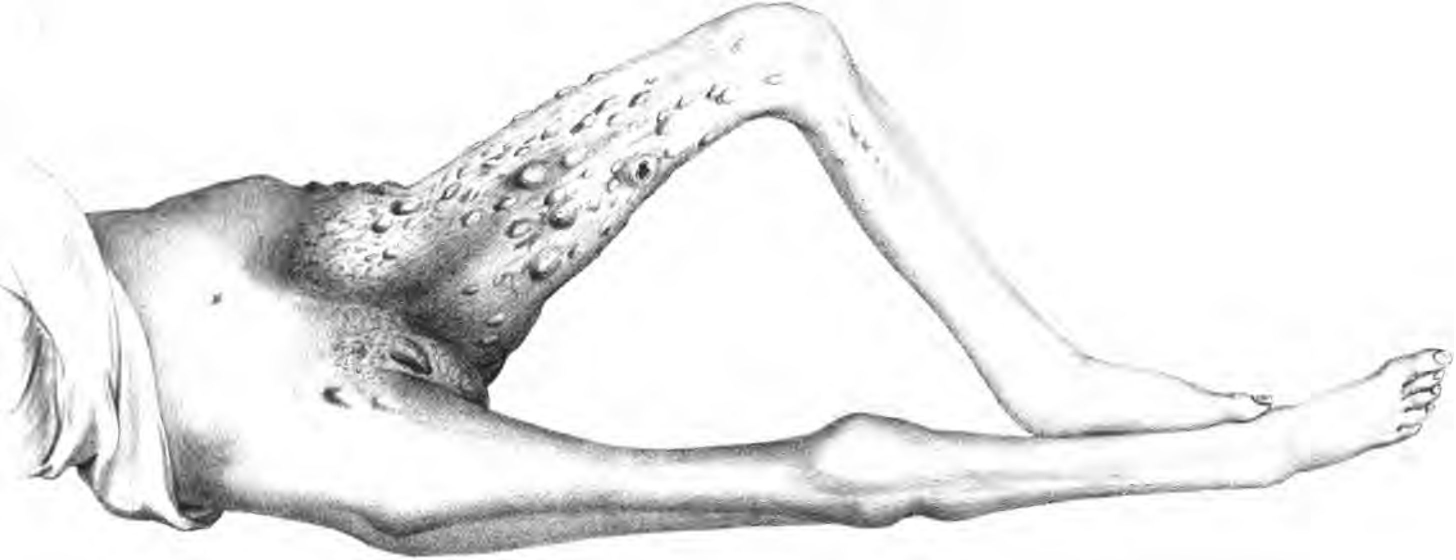
MOLLUSCUM with ENCEPHALOID DISEASE.

THE

NEW JERSEY MEDICAL REPORTER.



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THE

NEW JERSEY

MEDICAL REPORTER,

AND

TRANSACTIONS

OF THE

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THE
NEW JERSEY MEDICAL REPORTER.

VOL. VI. TENTH MONTH (OCTOBER), 1852. No. 1.

Hints on Physical Education. By James H. Stuart, M. D.

No. 2.

Physical Education should commence in the prudent conduct of the pregnant female. It were an *easy* matter, if *not* strictly honest, to paraphrase Dewees or Condie on this subject, and then enter into a lengthy dissertation on the Philosophy of Life, etc., but, as women rarely consult physicians for prophylactics against any evil, but content themselves with enquiring for a remedy when mischief is done, such philosophy would be more "ornamental than useful," and foreign to our object.

Suffice it to say, it is a duty which every mother owes to the State and herself, to have a fine, healthy boy or girl. To do this, she *should* be healthy herself, have a healthy husband, and then conduct herself with great care till her accouchment. For upon this, simple as it may seem, the whole future of her progeny often depends, and she may render its entire life a blessing or a curse, according to her own actions.

We are well aware that *every* mother has the "best, and sweetest, and prettiest baby that ever was born," but that is not precisely what is meant by a "healthy child." Still the great majority of children *are*, to all appearance, healthy and well-formed at birth, and could doubtless be caused to remain so. Yet it is but a minority who do actually grow up hearty men and women. The remainder soon become feeble and puny, and either die in early infancy, or gradually drop off one by one at different rounds of the ladder of life before they have attained their prime. Now what causes this difference? Undoubtedly, we suppose that in by far the greater number of instances it is attributable to different physical training. True, some *few* children could never have been made healthy by any course of training; but, in discussing general principles we always take for the rule that which regulates most cases.

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When a child is brought into the world, great are the rejoicings; long and earnestly does the mother gaze upon her babe; pride agitates her bosom, and almost the first impulse that moves her, if strong enough to notice anything, is to see *her* infant fed. When, perhaps, this feeling has reached its greatest intensity, the baby, who has probably been lying for some time calmly asleep, begins to cry, as babies often do, mayhap "for want of thought," like ——'s "whistling." At once the the mother's sympathies are aroused; the little dear must certainly be hungry;—and it is accordingly at once freely fed with some villainous "gruel" or "pap." Baby eats long and eagerly, until its stomach is completely distended, and feeling uncomfortable from the novel sensation, turns away and whines; again is the spoon presented, but, sated to repletion, it again turns away in strong disgust. The breast is presented, —a feeble effort and it ceases to draw. At this crisis, Nurse comes to the rescue, looks mildly on, and sapiently observes that the child must be sick, *because* it refuses the breast; which logical reasoning is highly approved by all the listeners, and Nurse at once acquires the character of a feminine Æsculapius. The child re-commences crying, and to quiet it, the usual nursery plan is resorted to, and it is violently jolted up and down to some horribly monotonous nursery tune, until at last,—actually sick, from the churning—*or* the music, baby indignantly disgorges part of the "gruel." This is enough. Out comes the ever ready bottle of "Dalby's Carminative," or somebody's "Anodyne," and a dose is inflicted; when, —perhaps fairly wearied out, the poor child falls asleep,—amid warm eulogies on "the sweet, soothing draught,"—or becomes so ill that the physician must be sent for. Tho Doctor *may* have moral courage to face the nurse, explain the error,—and perhaps be dismissed for his pains as a "cruel, unfeeling man, who don't care for the sufferings of the little dear;"—but more probably contents himself with ministering to present necessities, confident of having a good patient in *that* child so long as the "Carminative," "Anodyne," and other contents of the large medicine chest of "Family Remedies" last.

This kind of treatment repeated for a few months, soon manifests its effects very visibly, and the mother wonders "why her child is so delicate when she did her very best to take every sickness at the start and provide for it."

See now the conduct of one of the very few prudent and sensible mothers. She feeds her child only when nature demands it. If it cries, she examines to find some real cause of irritation, which, if not discernible, she allows baby to bellow as much as it pleases, and admires the tone and compass of his voice while he does so. Consequently, baby soon gets tired of crying, and ceases peaceably enough. No medicine chest, large enough to fit out a country doctor for a year's practice, ornaments *her* closet. If the child *must* be dosed, it is by the order and under the direction of the family Physician. Quacks and nurses reign not in *her* dwelling. She is not eternally reading "Somebody on Children," and discovering a new complaint every day and hour to be treated according to the rules therein laid down. She does not call the attention of every stranger to the delicate appearance of her darling, and demand his sympathy for it.

Now, after the lapse of a few years, mark the effects of these two very different systems of education. The first mother has succeeded completely in her praiseworthy efforts, and her son is now a pale, delicate, *interesting* boy, with a large head and small body. He is precocious withal; can reason, rhyme, spell and read; can act and declaim, bow and—take medicine. *His* education has not been neglected. Oh, no! Soon as he could walk was he sent to school, where, perched on a bench much too high for him, with his feet dangling six inches from the floor, he leaned over his irksome task early and late, till the naturally round chest of childhood flattened, and his shoulders curved; while his mind expanded with a force that threatened to demolish the poor remains of his corporeal frame. This he is at five years of age. The other boy is not yet at school, but frolicking about, free and unconstrained, in the wild exhuberance of childish glee. So ignorant is he that the alphabet is yet unknown to him; but *n'importe,* he is a stout, healthy lad with a vigorous mind and fair prospect, from his frame and constitution, of living long enough to cultivate it well.

The parallel might be carried out much further, but it is unnecessary. All have seen and recognized, at School and College, the types of these different kinds of training.

Of course it would be very ridiculous to assert that careful and well directed training will, in *every* instance, entirely overcome the influence of a congenitally or hereditarily bad constitution; or that a bad education will always completely ruin a good one. Yet they will certainly go very far towards accomplishing these respective ends.

Would city parents but condescend to notice the ruddy, fresh, hearty looks of children bred and born in the country; and see them luxuriating in a puddle, or taking a shower-bath in the rain, fearless of coughs and colds, we feel convinced that but few would forego the advantages of a country physical education. How gladdening is it to a benevolent heart to see the delighted young hopefuls gaily careering about over the fresh, new mown meadow; now throwing themselves down in a paroxysm of pleasure,—and now snuff wildly the pure and invigorating atmosphere, —and reflect what powerful men and healthy women they bid fair to become! Away with your tainted city gales! Give them the free air of Heaven to distend their lungs! Give them trees to climb, horses to ride, boats to row, lines to fish with, and guns to shoot! Make *men* of them,—strong, vigorous *men*, fitted to enter upon the arena of life and battle their way stoutly;—fitted to be "heroes in the strife."

The influence of habit is incalculable. We see many children habituated to going thickly clad, and having their stockings changed the moment they get wet; and these children are universally subject to catarrh; the slightest exposure, even to a "soft and gentle breeze" affects them at once.

Others again, used to exposure and taking care of themselves, scarce ever "catch cold," though long exposed to pelting rains and icy winds. The hardy duck shooter, the healthy sportsman, and the iron sided hunter of the West become so by habit. Why not then *habituate* children to *some degree* of exposure from early life. They must unavoidably *sometime* meet with hardships, and it may then prove fatal to have encouraged a habit of "caudling" in early youth. I have seen hard struggles made in manhood to throw off the yoke of effeminacy, but rarely with effect. The parents in a great measure "make the man." Reason on the subject. Is it not *comfortable*, if nothing more, to one who has accidentally received a ducking, to feel the proud consciousness that it will not hurt him? See two individuals upset in a boat—one shakes himself, and marches about unconcerned till his clothes dry upon him. The other must take "something warm," must immediately change his clothes, and even then is by no means certain of escape from an attack of sickness, a course of medicine, and a long Doctor's bill. And this difference is the result of training. See two sportamen out together. One trudges through mud and water sturdily, and bags all the Snipe, Woodcock, and Rail. The other sneaks along the verge of the swamp and pops at Robins, Larks, "et id genus omne." What glorious lives the rollicking Bison Hunters of the West lead.— And why? Because they are blessed with health and know how to preserve it. (*To be Continued*)

Cases of Premature Delivery. By Ariel Hunton, M. D.

Every medical fact that can be adduced to ameliorate suffering humanity, should be noted, recorded, and given to the public. I shall, in this paper, relate some of my experience in producing premature labor. The origin of the practice, according to Denman, was commenced in London, 1750, and is now, throughout the civilized world, thought to be judicious, humane, and proper. The first case I will relate, occurred the 4th September, 1837. Mrs. M., of Eden Vt., had completed the eighth month of gestation; for two weeks previous to my seeing her the stomach had rejected all ingesta, even drinks of every kind; I tried various methods to relieve the emesis, but all failed. There being much anxiety and alarm felt in the case, I consulted with two of my medical friends, and after considering well, the dangers, and prospects, involved in the operation of premature delivery, we unanimously resolved to attempt it.

I then requested Dr. D. to inform the lady of all the evil consequences that might attend the experiment, and leave it to her choice; her response was "*relieve* me if you can." I then performed an operation, that should produce labour in from 12 to 24 hours. The next morning I called on my patient, and found she had been delivered of a pair of female children, weighing, to the best of my recollection, about twenty pounds; no untoward symptoms being apparent, mother and children did well, and are all living at this time.

Case Second.—June 14th, 1839. Mrs. T. had passed the eighth month of gestation, with her sixth child, her lower limbs were anasarcous and enormously swollen to her body; she could not stand, and had no use of them, and her stomach was so irritable, it rejected all ingesta, was much distressed, and ordinary means did not afford relief; the lady and her husband importuned me to produce premature labour, which I consented to do. About 7 o'clock, A. M., I directed the husband to collect his help, commenced operations, and at eleven o'clock, she had a son, now living, the mother having a safe and speedy recovery.

Case Third—August 6th, 1844. Mrs. S., daughter of the above Mrs. T. was passed the eighth month of gestation with her first child, and an *invalid* from her infancy, a cadaverous visage that would, (in the opinion of competent judges) preclude the possibility of obeying the command, "be fruitful" &c., but the occurrence happened. At this stage of the case, she was much diseased, compelled to be in an erect posture, laborious breathing, lower limbs much swollen, and painful, the labia pudendi, were as large as those of any domestic animal; had been scarified several times, which gave temporary relief. The parents being anxious about the situation of their daughter, wished me to relieve her, as I had the mother All concerned, being importunate to have the operation performed, I gratified them. The woman had apparently an easy labour, and a safe and speedy recovery; the child lived to the age of eight years, and appeared healthy.

Case Fourth—March, 1841. Mrs. W., of Stow Vt., had a distorted pelvis, but at the age of thirty-four saw fit to discard celibacy, and try a married life; she soon found herself in a state of gestation. When I was called, she had been in labour forty-eight hours, the head of the child in the superior strait, and dead. The attending physician, Dr. R., of Stow, assured me that according to the best measurement he was able to make, the haunch bones approached each other, within 1¼ inches. It was readily determined to perform *craniotomy*, which was done, and the trunk extracted with a blunt hook; the woman recovered speedily. I then informed the lady, if she should again be pregnant, and was anxious to preserve an heir, labor might be induced at the completion of seven months, and there was a forlorn hope of a living child, but, that she could never have a child survive at the expiration of the usual period. On the 29th of April, 1842, I was called to her, and requested to induce premature labor, she averring that she had completed the seventh month. I performed the operation, and living some ten miles from her residence, directed her, when labour came on, to send for her family physician, which was accordingly done. After this lady had been in labour 24 hours, I was called to attend her; this child had also perished. The same management with this, as in the other case. After the child was extracted there appeared a depression on the parietal bones, caused by the proximity of the haunch bones; my comparison at the time was the width of my finger, and half the thickness.

The 10th of March, 1845, I was again called to Mrs. W., at the completion of the third month of gestation, and requested to produce an abortion, which act probably some will condemn; but let each reader consider all the circumstances, and the results that must follow, before censuring me for the relief I procured for this unfortunate lady.

The operation was successfully performed, and I feel perfectly justified in having done it. An elderly physician of Burlington, Vermont, informed me long since, that in a case of distorted pelvis, he had on the same person produced an abortion seven times, and was not conscious, that it in the least impaired her health. The operation necessary to induce premature labour, or abortion, with a skilful hand, and proper instrument, is not painful, or dangerous. I am able to relate more cases of this kind; but the above are sufficient to establish the practicability, and safety of the practice, if it be thought by the faculty to be moral, and expedient. If the practice is not countenanced by the profession in the above cases, then, surely enough is written. It is the request of the writer, that the reader ponder well, before expressing an opinion.

HYDE PARK, LAMOILLE Co., Vt., 1852.

Singular effect resulting from the administration of Chloroform.

A correspondent writes us as follows:

"SOME days ago I had a young gentleman about 22 years old under my charge, with a very large furunculus in the left axilla. At his request, I gave him a small quantity of pure Chloroform, by inhalation, prior to lancing. When insensible, I plunged in a bistoury. The operation caused the most piercing shrieks and spasms. I threw water in his face, when he immediately commenced laughing, then became furious, sprang up, and finally assaulted every one in the room, and drove them all out but his father and myself, whom alone he seemed to recognize. On recovery, he assured me that he felt no pain from the operation, and was totally unconscious of what he was doing. The boil was a sequela of Yellow Fever, which he had had in New Orleans some weeks before. He has frequently taken Chloroform *in health*, without any untoward result; and that which he took this time was perfectly good, for I had repeatedly tried it upon myself. Yet the effect was worse than is common even with Sulphuric Ether. Can you explain it?"

S.

We think that if our correspondent will make inquiry, he will find that his patient's mind was impressed, before taking the Chloroform, with the idea that he should scream or laugh, or both. We reason from a somewhat analogous occurrence in our own experience.

The first time we inhaled nitrous oxide gas, while a student, with nothing definite on our mind, we demurely seated ourself on a bench until the effect passed off.

The next time we took it, not wishing to deprive the class of the sport they anticipated, we pre-determined to "made a demonstration," and our correspondent may remember with what fury we attacked an impregnable fortress, and then turned upon, and unceremoniously handled several of our friends, any one of whom could, in ordinary circumstances, have easily managed us.

On the same principle we account for some of the *deaths* that follow the administration of Chloroform. We have no doubt that some of these are caused by a "fearful looking for" terrible consequences. It is on record that deaths have occurred in these circumstances, which were attributed to fright. (See British and Foreign Medico Chirurgical Review, for January and April, 1852.) We should hesitate very much about giving *any* anæsthetic to a patient, whose mind was much under the influence of fear. *

EDITORIAL.

OUR SIXTH VOLUME.

IN issuing the first number of Volume Sixth of the Reporter, we deem it right to say a word or two in explanation of a subject which has given dissatisfaction to some of our early friends. It is this. For two years after the Reporter was commenced, it was not conducted by the then Publisher, in a manner that pleased its readers:—its typography and general execution, were not as good as the profession desired, or deserved: it was not issued with punctuality, and a disapprobation was felt and expressed. The justice of the feeling, or the propriety of the expression, we never questioned, but being aware of the fact, we felt mortified, and determined to remedy it if possible.

We think this has been effectually done—the present Publisher has fulfilled his duty to the subscribers with remarkable punctuality, and we venture the assertion that there is not in the whole list of medical journals in the United States, one, that is superior in style and execution to the Reporter. We do not think that complaint should now be made against the work on account of its early imperfections. It is at present what it should be, and the profession of New Jersey, have no cause to withdraw their support. Don't desert us because we were *once* feeble and sickly—and are now becoming more strong and healthy. We then needed medicine, we now require nutriment. We may add that the Reporter is mailed every month, but that the occasional irregularity in the postal arrangements, may sometimes give rise to suspicion that the Publisher is wanting in promptness—but it is not so. Any of our subscribers who may desire to replace lost, or un-received numbers, will be supplied by the Publisher, so far as he can do it, on application being made to him.

DEFINING OUR POSITION.

MEDICAL EDUCATION—COUNTY DELEGATION.

WHEN the American Medical Association first declared itself in favor of a reform in the present defective system of Medical Education, we declared our intention to sustain its efforts, so far as our conscience and ability, would enable us to do so. In offering our pages for this purpose to correspondents—in reviewing the transactions of the Association from time to time, and in our editorial columns, we think we have in some measure accomplished that intention. When the Association took up the subject of its own organization, and commenced the work of revision, we entered into it as our judgment dictated, and were enrolled among the friends of the measure. We sustained the resolutions of the Philadelphia County Medical Society, which were submitted at Charleston, by admitting communications, and by editorial articles; and the gentleman who presented those resolutions, was offered a place in our columns to defend them. He occupied it satisfactorily to ourselves and to many of our readers. We went to Richmond in May last, and were pleased that the subject was again discussed—after our return, we gave a synopsis of the proceedings, and, as we thought, a just statement of the position of affairs relative to the two reports which were offered at that time, on the subject of re-organization. We are favorable to the report of Dr. Yardley, and to the address of Dr. Jackson: we believe these gentlemen take the right view of the subject—it is the Jersey view, and hence we will sustain it:—not for this reason alone, however, but because we consider it right. It has proved to work well in our own State, by more than eighty years experience, and we are satisfied that there is no State in the Union, where the profession is more united, and sustains a better and more harmonious organization—and so far as we had opportunity to judge by conversing with the delegates from New Jersey, at Richmond, we believe they were unanimously in favor of Dr. Yardley's report; and had it been acted upon, they would have voted for it—should it be acted upon at New York, next year, we trust New Jersey will vote for it then.

The Reporter has not changed its ground, as has been intimated; it is true we have spoken of the hospitality of our Richmond friends—of the "Virginia bacon, railroad excursion," &c.; but we were not engorged by the one, or stifled by the other, so much as to undo what we have done, or unsay what we have said; and though it may be true, as Dr. Y. asserts at p. 396 of the Reporter, No. XI. Vol. V., that it is a "singular misnomer," to call the Report of the Richmond Committee (?), a *compromise* report, the fact of our being guilty of a "misnomer," or of our error of judgment as to the form the question shall assume next year—or which Report shall be acted on,—does not alter our position upon the subject. We prefer Dr. Y.'s Report. If we cannot have that, Dr. Dr. Hays' will come next: if his is to be rejected, the present plan of organization, it seems to us, had better remain unaltered, till the profession shall be prepared for such a modification as is proposed in the report of Dr. Yardley: we approve of this report, because its provisions, if adopted, will save the Association from the very delicate task, of distinguishing between rival institutions; which if done, will immediately excite, on the part of those not recognized, bitter opposition to such as may be acknowledged, and to the Association itself: while the great object of this body, will be thwarted, by making it an instrument of discord, instead of a medium for the advancement of knowledge.

The American Medical Association belongs to the American medical public; it was established, and is sustained thereby. The schools and Colleges of Medicine are private institutions, originated and conducted to promote private emolument; we would not, however, exclude professors from the Association; we regard their influence and experience as important elements in its existence, and important excitants to its growth. The profession is entitled by the common laws of our fraternity, to all that they furnish us—while the laity, (so called), are in duty bound, not only to give their quota of experience to the common stock, but their support to such colleges, or schools of Medicine, as may comply with the regulations agreed to by *all*—professors themselves, voting as delegates from county societies, upon the establishment of such regulations; for by this means, those professors, who regard the general interest, and not their own *exclusively*, will unite themselves with county societies, and lend their influence to support them; while they in return will secure a *well deserved* influence to sustain themselves. There should be no clashing of interests in the great brotherhood of our profession. Let those who may seek self-aggrandizement, enjoy the strife among themselves; but those of lofty aims, and pure intentions, should ever be found watching over, and laboring for, the great interests of the whole, and the benefits of our common race. The high-minded physician, in public or in private, will not stoop to meddle with the low, and tricky. It is not *his* business. With him, the advancement of the profession, is his own advancement. He goes with it—the same car that wheels the science on to greater fields of conquest and usefulness, carries him,—and he is content therewith.

RANKING'S *Half-Yearly Abstract of the Medical Sciences*—No. XV. January—June, 1852.

WE have not received the "Abstract" regularly, and cannot compare the present number with its predecessors. When we say for it, however, that over three hundred closely printed pages are devoted to a general abstract of medical news, embracing diseases of the Nervous Respiratory, Circulatory, and other special classes, as well as the extensive domain of Surgery and female complaints, we say more than we could by particular references. The price is $2 per annum, or $1 per number when sent by mail to subscribers, the postage being pre-paid. It may be had at the Medical Bookstores for 75 cents per number. It embraces also, a series of reports on the progress of Medical Science in its various departments of practical medicine—Pathology and Therapeutics—on the progresss of Surgery, and Psychological Medicine.

"HONOR TO WHOM HONOR IS DUE."

WE confess to a feeling somewhat akin to that of pride when we see articles, first published in this journal, copied in one and another of our exchanges, and trust we feel truly grateful for the honor done us. But we are constrained to demur to our productions, or those of our correspondents, being taken and used, without so much as a "by your leave sir" in the shape of an acknowledgment of the source from whence derived. In several instances of late, articles have been taken from the *Reporter* without credit being given. From our Eclectic Department, on which we bestow considerable labor in condensations and translations from foreign, as well as home journals, several articles have been taken without acknowledgment; which omission of course gives the credit of the labor,—if any is due—to the journal in which the extract appears. We regard this *entirely as an oversight* on the part of our *confrères*, and shall forbear mentioning any names at present, but keep an eye open for the future.

Another thing, while we are in a complaining mood. Some of our articles are duly credited, but we would gladly "save the mark" on account of the formidable errors of the typos. We recall one copied sometime since into the *Buffalo Journal* on "Manganese." There was our name in unmistakable "small caps" at top, and "*N. J. Med. Rep.*" at bottom—but alas, for human imperfection! we were made to murder the "King's English" in a manner which was really painful to read! And more recently, in the last number of the *Nashville Journal* an excellent report of a case of Tetanus is credited to *J. Birdswell, M. D.*, instead of *S. Birdsell, M. D.*! But a much more important error occurs in the first prescription, in which f ℥iss. (*ounces*) instead of f ʒiss. (*drachms*) of Chloroform were ordered. Apparently slight typographical errors might be formidable in practice, and this induces us to be as particular with selected, as with original matter. *

PROCEEDINGS OF MEDICAL SOCIETIES.

We are under obligations to our attentive friend in Trenton, for furnishing us with the following outline of the last meeting of the Mercer District Society. Our pages for the past few months give pleasing evidence of the fact, that more attention is paid than formerly, to reporting the proceedings of the District Society Meetings. *

"The last quarterly meeting of the *Mercer County Medical Society* was held on the 20th of July, Dr. Woolverton, presiding.—Dr. Quick reported a case of cephalalgy of long standing, cured by bleeding, iodine, and arsenic. It was a case of much interest, and gave rise to many inquiries, and remarks, all of which were met by Dr. Quick in the most satisfactory manner.

Dr. Coleman read a paper on the variation of atmospheric pressure influencing the animal functions, and producing diseased actions. In it were cited examples of a sudden fall of the barometer, being attended by cases of madness, epilepsy, apoplexy, and hæmorrhage.

Dr. McKelway narrated a case of cancer of the lower lip, treated by a professed "cancer doctor," until the disease ran beyond his remedies. Having been consulted by the patient, at this stage of the disease, he recommended him to Dr. Pancoast, of Philadelphia, who, in his presence, removed the entire lip, and supplied the lost parts by transposed sections of the adjoining tissues. Considering the amount of loss and displacement, the parts healed, so that the patient, in a short time, had a well-formed mouth.

Dr. McKelway, gave his opinion in favor of ether, as it was used in this case: it prevented pain, which otherwise would have been severe in so sensitive a part, during a protracted operation. He likewise acknowledged its value in quieting the dread of a very nervous person, from whom he afterwards amputated a scirrhus breast.

The subject for consideration being 'convulsions,' a considerable time was occupied in discussing their cause and pathology. Dr. J. H. Phillips spoke at length on the pre-disposing and exciting causes of convulsions, particularly as they are manifested in children. Dr. Woolverton was questioned, and his opinions were given on a case of convulsions attended by intus-susception in a child, that had recently come under his notice. Dr. Coleman advanced the hypothesis, that in all cases of epilepsy, the nervous influence is accumulated in intensity, and thrown, at distinct intervals by discharges, rather than by the ordinary, gradual current that stimulates, and keeps in action the organic functions. He imagined these interruptions, or changed actions, were caused by partial insulations, or obstructions of the nerves, such as might arise from a vitiated animal chemistry, organic change, or direct pressure, as in Dr. Woolverton's case, and that such interruption drove the nervous influence from the organ essential to life, to the voluntary muscles, and thus produed convulsive phenomena. Analogies were brought to support these views.

After the ordinary routine business of the Society had been finished, an essayist appointed, and a subject (Cholera) proposed for conversation at the next meeting, the Society adjourned."

Ohio State Medical Society.—This Society as we learn from the *Ohio Medical Journal,* held its annual meeting at Cleveland, commencing June 1st, and continuing in session four days. The following officers were elected for the ensuing year. *President,* Dr. H. A. Ackley, of Franklin County :—*Secretaries,* Drs. McLane and Carey of Dayton :—*Treasurer,* Dr. Rickley of Cleveland.

Medical Education was made to occupy a prominent position in the deliberations of the body. A committee appointed last year, of which Dr. Buckner, of Cincinnati was chairman, reported a series of resolutions which gave rise to a good deal of debate. The following are the resolutions.

"*Resolved,* That a committee of three be appointed, to nominate, and report to this Society, at its next meeting, a BOARD OF EXAMINERS, consisting of *five* members, whose duty it shall be to examine all applicants, who may wish to commence the study of Medicine and Surgery, touching their qualifications and preliminary education, and grant such applicant a certificate, if found sufficiently qualified.

"*Resolved,* That it shall be the duty of said Board to satisfy themselves that the applicant possesses sufficient energy of mind—is of good moral character, and has acquired a good English education, embracing a knowledge of Natural Philosophy, and the elementary mathematical sciences, including Algebra and Geometry.

"*Resolved,* That no member of this Society shall hereafter receive into his office, any person, as a student of Medicine, without a certificate from the Board of Examiners, stating that he has been examined, and found qualified to commence the study of Medicine, as herein provided for, or on the presentation of a diploma from some literary college."

By those who spoke in support of these resolutions it was contended that they "contemplated commencing the reform in medical education in the right place—at the threshhold of the student's medical life, that the profession could be more successfully guarded at this place than at any other; that a good Englith education, as contemplated in the report, ought to be regarded as an indispensable pre-requisite to those who aspire to become students of medicine; and that notwithstanding a few instances of success, and even distinction, may be adduced, where the primary training has been limited, the rule is not, as a consequence, the less positive or valuable, and that the appointment of a Board of Examiners, consisting of literary gentlemen, unconnected with the profession, whose duty it will be to examine all applicants who wish to study medicine, and if found qualified, to grant them a certificate to that effect, will interest another class of influential men in guarding the interests of the prefession, and take from private preceptors a portion of the responsibility of making physicians."

Those who spoke against the adoption of the resolutions "contended that there were about 3500 physicians in the State, only about 250 of whom had ever had any connection with the State Society, and, as a consequence, if the Society had adopted the report, there would be only about one physician in every fourteen, of the State, who would feel themselves under any obligation to comply with the mandates of the Society; that the tendency of the measure would be to drive students of medicine out of the State, to places where the restraints were less rigorous ; that the measure was wrong in principle, because it takes away from medical men, who, it was alleged, are certainly the best judges, the right to decide upon the fitness of the student to enter the profession; that the measure, instead of being addressed to the profession in the terms of respectful request, is *mandatory* in its character, to all members of the Society, making those liable to excommunication, who do not think proper to comply with its terms; and lastly, that it is in advance of public opinion, and, as a consequence, will not likely be respected, much less strictly observed."

This matter was warmly discussed by some of the most talented men in the State. It is we think, talking to some purpose, to discuss a matter of so much importance. The Society meets next year in Dayton.

These annual meetings of State Societies ought not to be peripatetic, they would give greater satisfaction, and be better attended we think, if held, like our State Legislatures, at the Capital of the State. *

Medical Association of the State of Missouri.—We have been much edified in looking over the transactions of this Association, which, though only in its second year, is accomplishing much for the cause of science. The Association met at St. Louis, on the 19th of April, and continued its sessions three days, giving time of course for the reading of reports and essays, and for conversation and discussion on the interesting topics presented. We may have occasion hereafter to recur to some of the papers read before the Association.

From the number of general and special committees appointed, we are led to expect an elaborate and highly useful report next year. Of these there are no less than *thirty-six*, whose duties embrace almost every subject of interest to the medical man. This evinces a very commendable zeal and energy on the part of our brethren in Missouri, and older States, and older Medical Societies we hope will profit by the lessons taught them, by this young but energetic Association.

The following preamble and resolutions, presented by Dr. Edgar, were referred to a committee on memorializing the Legislature.

WHEREAS, Capital offences increase in proportion to the uncertainty of the penalty; and whereas, the plea of insanity is frequently a successful defence in cases undoubtedly feigned, thereby diverting the originally humane intent of the law to a means of clearing the guilty; and whereas, different degrees of responsibility and guilt must attach to different degrees and kinds of insanity: Therefore

Resolved, That the cause of humanity in the persons of the unfortunate insane, as well as the better protection of the community, will be materially subserved by the modification of our present criminal code, in so far as it pertains to this subject; to the extent that the jury may find a verdict of guilty, in cases of partial insanity, and recommend the prisoner to the clemency of the Court, on account of his mental alienations, and that sentence shall be pronounced accordingly.

Resolved, That the jury may find a verdict of not guilty, on account of insanity, which verdict shall consign the accused to imprisonment, with sanitary measures provided by the State.

Resolved, That in the opinion of this Association, the remedy for this serious evil does not lie so much in the accuracy of our differential diagnosis, as the authority of the law to punish all cases according to the degree of responsibility and guilt of the accused, whereof the Court and jury may determine.

The officers for the present year are.—*President,* Dr. J. B. Johnson,—*Vice Presidents,* Drs. C. A. Pope, J. C. Welborn, C. Q. Chandler, and J. G. Chinn,—*Secretaries,* Dr. J. S. B. Alleyne, of St. Louis, and Dr. L. S. Banks of Houston,—*Treasurer,* Dr. E. S. Lemoine of St. Louis.

Adjourned to meet at St. Louis, in April, 1853. *

MISCELLANY.

JUSTUS LIEBIG ceased on the 20th of August to be Professor of Chemistry in the University of Giessen, in the Electorate of Hesse Cassel, after having lived there in that capacity during the long period of twenty-eight years. Before commencing his duties as Professor in Munich, he intends to visit Russia. Dr. LEIBIG was born in Darmstadt, in 1803, and HUMBOLDT procured for him the appointment at Giessen. LIEBIG was long the chief ornament of the University of Giessen, and his departure is an irreparable loss to the Electorate.

—*Fusel oil* has been recently recommended as a useful remedy in tuburcular affections of the lungs, and scrofulous diseases generally. *Dose*—four or five drops three times daily, gradually increased as stomach will bear. If *inhaled* it acts as a poison.

—*Professors* Drake and Cobb having resigned their chairs in the Louisville University, to accept appointments in the Medical College of Ohio, have been succeeded by Professors B. R. Palmer and Austin Flint of the Buffalo University. The latter gentleman retains his connection with the Buffalo school, and the former is succeeded by Prof. E. M. Moore. *Dr. Worthington Hooker* has just entered upon his duties as Professor of Theory and Practice in the Medical Institution of Yale College.

—*A new* Insane Hospital has been established by the State of Massachusetts, located at Taunton.

—*A fierce* competition seems to be going on between the Rush Medical College, located at Chicago, and the Medical Department of Iowa University, located at Keokuk, Iowa. The fees have been lowered indefinitely, and the strife seems to be as to which will die first of starvation! The fees in the Buffalo University have been reduced to $50 in consequence of the *free* system of education, adopted by the University of Michigan, located at Ann Arbor. The Professors in the latter are paid by the State.

—*The Transylvania Medical Journal* has passed into the hands of Dr. L. J. Frazee, and will hereafter be issued *monthly*, instead of semimonthly as heretofore. —*Dr. Adams* having retired from the editorial management of the *New York Medical Times*, it will hereafter be conducted by Dr. H. D. Bulkley, a gentleman favorably known to the profession.

—*Two new Medical Colleges* have recently been organized, viz: the Miami Medical College at Cincinnati, with Dr. Mussey at the head. The Faculty consists of eight Professors, besides a lecturer on Chemistry. The other school is located in Savannah, Georgia, to be called the Savannah Medical Institution.

—*Convention of Medical Schools.* The *St. Louis* Medical Journal suggests that one be held in the city of New York, in May next, during, or immediately after the adjournment of the National Medical Association.

—The same journal contains the following. "The *Boston* Medical and Surgical Journal complains that its articles are stolen by the 'Eclectic' and other Periodicals, and published without credit. No wonder—any respectable Medical Journal, which so far countenances and encourages quackery, as to exchange with Homœopathic and 'Eclectic' Journals, and to advertise the Homœopathic and Female Medical Colleges of Pennsylvania, must expect to be robbed, not only of its articles, but also of its good name." *

ECLECTIC AND SUMMARY DEPARTMENT.

Iodine Clysters in the Treatment of Dysentery.—Dr. EIMER believes that the great point to which practitioners have to direct their attention, is the enormous amount of organic losses consequent on the continuance of this affection; so that, according to Œsterlen,* within three weeks, more than the entire blood-mass may pass away as albumen in the stools. As a means of cutting these discharges short, he strongly recommends iodine clysters; which, in recent cases, may at once arrest the progress of the disease, and in all diminish the number of stools, and normalize their condition, whatever the individual peculiarities of the case may be. From five to ten grains of iodine, and as much iod. pot., are administered in two or three ounces of water, from two to four times a-day—twice daily usually sufficing. If the rectum is too irritable to retain it, ten or fifteen drops of tr. opii are to be added, and a mucilaginous vehicle substituted for water. In spite of unfavourable conditions, so constantly successful did Dr. Eimer find this remedy during an epidemic, that he believes the disease will, as a general rule, be found curable by it, if it be resorted to before the organic changes in the intestines have advanced too far, exhaustion become too considerable, or important complications set up. In some slight cases it was employed alone. Generally, a simple oily emulsion was also administered, and sometimes acetate of lead and opium.—*B. and F. Med. Chirurg. Rev.*, April, 1852, from *Henle's Zeitschrift*, Band x. p. 238.

On the Hemorrhagic Diathesis.—Dr. LANGE has recently contributed an interesting paper on this affection, containing the tabulated results of an examination of the history of one hundred and forty examples. It has hitherto been only met with in the northern hemisphere, occurring in America between 30° and 45° north latitude, and in Europe between 45° and 60° north latitude. Germany is among the countries most liable to it, and especially so along the course of the middle Rhine and the Maine. The coasts are far less liable than are inland regions. The inhabitants of mountainous districts are less liable than those of plains traversed by rivers. Vine countries are very liable.

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* See British and Foreign Medico-Chirurgical Review, vol. v. p. 245.

The subjects of the disease do not attain great age; for among one hundred and forty examples, only nine were aged more than fifty; the female sex seeming to possess less power of endurance than the male. The causes giving rise to the hemorrhage have usually been insignificant, as, *e. g.*, scratches, cuts, leech-bites, extraction of teeth. When the bleeding is *spontaneous*, that from the nose is frequent and oftenest fatal. *Vomiting of blood* is much more rare; and, it is remarkable, that only one of the fatal cases arose from *hæmoptysis*—the disease indeed seeming to have no affinity with tuberculosis. In one case vaccination gave rise to profuse bleeding, without, however, preventing the rising of the vesicle. The statement of Fordyce and others, that deep wounds bled less freely than superficial, is not confirmed; but the healing of all kinds of wounds is very tedious, although gangrene seldom occurs.

The disposition to hemorrhage sometimes first shows itself during the first weeks of life, but usually during the first or second year, the latest period in these tables being the eleventh year. The earlier the hemorrhage exhibits itself, the earlier, as a general rule, does death occur. At a later period the inclination to hemorrhage usually manifests itself as petechiæ and ecchymoses. Accessory diseases do not, as, *à priori*, it might have been expected they would, pursue a dangerous course in these subjects, excepting when those of the respiratory organs excite epistaxis. The *duration of the attacks* is very different, this being, perhaps, on an average, ten or twelve days—spontaneous bleeding usually continuing longer, but being better tolerated than traumatic. The effect of *season* is not determined; but the bleeding seems to occur oftenest in spring and autumn. The blood is thin, and deficient in coagulability. In the majority of instances, the intellectual powers of these patients are of a high order; and in most of them the color of the eyes is blue, the complexion fair and delicate, and the hair light. Usually the constitution is strong, and the muscular system is often powerful and developed. In certain cases, the radial artery has been observed to be transparent in some spots, owing to the deficiency of the fibrous coat—confirming Rokitansky's view, that the disease consists in a remarkably delicate construction and vulnerability of the vessels, and a watery condition of the blood. The cholerico-sanguineous temperament prevails, and so-called rheumatic pains are very constantly observed. Spots of *ecchymosis*, often absent, may, when present, be either spontaneous or traumatic, the latter being usually much larger than the former. They change in color, as after an ordinary contusion. Sometimes the ecchymoses stand in a critical or antagonistic relation to other affections; thus, *e. g.*, they may disappear on the advent of a paroxysm of gout, and re-appear at its termination. In some hemorrhagic families, they constitute a lower form of the disease in certain of the members. Traumatic ecchymosis may be produced by strong muscular exertion, by falls, or even pressure. It usually disappears unaided, though requiring a longer period than the spontaneous; and, if opened, it gives rise to dangerous hemorrhage.

According to the tables, no difference seems to exist as to condition of life, or residence in town or country. The influence of hereditariness is only imperfectly indicated. The *mortality* from the disease seems to be greatest between twenty and thirty, and then diminishes. The earliest age at which it has been known to cease spontaneously has been between twenty-five and twenty-eight. Commonly, disease of the liver, hemorrhoids, gout, or rheumatism, supervenes, and the influence of art is of little use. In palliating the affection, a certain time must always be allowed for the blood to flow, or congestion of internal organs is produced; and, in such cases, where this precaution has been neglected, dry cupping of the extremities should be resorted to. Generally, the bleeding stops of itself; but only when exhaustion has occurred. Compression is of little use; and, among the styptics, sulphuric acid, muriated tincture of iron, and a spirituous solution of sal ammoniac, are the best. Cauteries and caustics usually fail.—*B. and F. Med. Chirurg. Rev.*, April, 1852, from *Schmidt's Jahrbuch*, vol. lxx. p. 35.

Cholera.—This disease is said to have again broken out in a most virulent form on the frontiers of the kingdom of Warsaw, and that between forty and fifty cases have occurred within the space of two days in the city of Warsaw. It is further stated, that medical arrangements have been made in all parts of the country, with a view of being prepared for the calamity, should the epidemic unhappily again become general throughout the kingdom. The cholera had broken out at Flechon, in the Grand Duchy of Posen, and in ten days it had carried off seventeen persons out of twenty-two who were attacked. 1800 have died of cholera, out of a population of 12,000.—Accounts from the town of Kalisch, in Russian Poland, which, according to the last census, contained about 670 houses, and 11,000 inhabitants, and is considered one of the principal places of Russian Poland, in point of mercantile opulence and trade, represent the ravages of the cholera, which has been prevailing there for several weeks, as very fearful.

The cholera has also made its appearance at Dantzic. Of every five persons attacked, it is said that four have died.—*Medical News.*

Difficulties and Privileges of the Medical Profession.—At the Annual Meeting of the Medical Society of the State of Georgia, in April last, Dr. Henry F. Campbell, one of the Vice-Presidents, delivered an Address on the above subject, in which occurs the following passage on the *anomalous position our Profession occupies in relation to society.*—

"It has been the misfortune of our Profession, to occupy a relation to Society, so anomalous, that to appreciate it justly, would require a greater amount of insight into many intricacies with which the subject is invested, than any non-professional body of men could be expected to attain; consequently, laws acting apparently favorably upon society is general, have imposed the most embarrassing restrictions upon us. Laws have been enacted for the public weal, without reference to the important relations which the advancement of our Science sustains to the welfare of the community; laws which, while we are pained by their untoward influence upon us, we can scarce refrain from smiling at, on account of their most contradictory and conflicting construction. We are threatened by legal enactments with fine and imprisonment for mal-practice, and we are at the same time warned of penalty, if we take the only possible means of accurate knowledge even in the rudiments of Science—We are the Graduates of institutions chartered by legislation, and our diplomas are necessary to the legality of our claims, while that same legislation licenses to practice and collect, many, without diplomas, without study, and without even the pretention to Science—We are constituted a Medical Board, by legislation, for the examination and licensing approved candidates, while the same legislation licenses without reference to the Board, all who apply, and that without examination or even the presence of the applicant.—(Witness the acts of our last legislature.) An act is passed to protect the Regular Profession, (we may at least claim this distinction here,) by penalties imposed on all who practice medicine illegally—the same act embodies a proviso, by which quackery in every degree of pernicious power, from the most refined infinitessimality, to the grossest and most wholesale medication, is exempted. Indeed the whole history of legislative enactments in regard to our Profession, is replete with contradictions and inconsistencies, which, while they excite our surprise and regret, show but too plainly, that a just appreciation of our true relation to society is not yet fully attained. Here, as yet, we have received but little encouragement or protection, and what has been afforded has been of so undiscriminating a character, as to place us on an equality with charlatans and empirics. It is only to the indefatigable energy and perseverance of its own members, that our Profession has attained its undoubtedly high position in society.

Analogous to the difficulties we experience under the influence of our relation to the decrees of State, are those accruing from our relation to society in general. In the acquisition of our knowledge, there is often presented opposition of the most active and embarrassing nature. The study of Anatony—the very basis of medical science, without which Physiology, Pathology, Surgery and Therapeutics, are but *theories* of the most indefinite and even dangerous tendency—is often attended with the opprobrium and sometimes persecution, of the community in which we live; and yet an eminent degree of attainment in this, as well as in every other branch of knowledge, is admitted to be indispensable to the success and credit of our vocation.

Early Operations for Hare-Lip. By A. L. Peirson, M. D.—Having advanced the opinion, in some of the former numbers of the Journal, that an early operation for hare-lip was more successful than when deferred, I wish to add some additional testimony and remarks in favor of that opinion.

On the 2d, of February, 1851, I was called to operate on a child in Marblehead, born with a hare-lip. The late Dr. Briggs, who knew my preference in favor of an early operation, sent for me immediately on the birth of the child. I performed the operation when the child was but twelve hours old. I operated in the usual manner, with scissors and sutures. My method is to use three simple sutures—one far up in the nostril—one at the epithelium of the lip, where the cutis terminates, and one midway between these. The wound healed at every point by the first intention, and the child was put to the breast on the sixth day, which was as soon as lactation was established.

On the 22d of May, 1852, a healthy male child, with a hare-lip, was born in my practice. It had a cleft palate and superior maxillary bone, and the left alæ nasi more than usually dilated, flattening the nose and giving a hideous expression to the countenance. I operated when the child was six hours old. I dissected up the skin very freely, separating the cartilage from the bone, and then brought the parts together with sutures, taking especial care that the upper one should be sufficiently high up in the nostril. Union by first intention followed, and the child nursed readily in six days.

For some years I have been more and more satisfied that operations in surgery are most successful as they approach nearest to the period of birth. In the earliest infancy, the recuperative powers seem to be strongest. I have also remarked, that the sensibility to pain is less distinctly marked at first, than after a few days. In the last-mentioned case of hare-lip operation, the child actually slept while the lip was being dissected from the maxillary bone.

It was formerly generally believed that the earliest infancy was the period when the system was most liable to convulsions. I have been led to doubt this maxim, and to believe that the nervous system is more easily excited, the more its function is called into exercise, and this is certainly not the case immediately after birth. A newly-born child also sleeps more, and when awake is less observant and prone to motions of the extremities, than after a few days of extra-uterine life. The anxiety and unhappiness of the parents, also, are of so much shorter duration as we operate earlier on the patient.—*Boston Med. and Surg. Journal.*

Salem, Sep. 7, 1852.

Poisonous Chloroform.—In the *Boston Medical Journal* we find an article on this subject, from Dr. C. T. Jackson. It seems that Dr. J. has researches in progress, which he intends shortly to publish in detail, intended to show that the deaths which follow the administration of this agent, are attributable to the Fusel oil contained in the common corn, rye, and potato whiskey, which is now too frequently employed in the manufacture of cheap chloroform instead of using *pure alcohol.* Dr. J. is induced to make this statement pending the conclusion of his researches, in the hope that it will prevent the further sacrifice of life from employing the *cheap Chloroform* of commerce. He concludes—

"If my views are correct, it follows:—

1st. That all chloroform intended for *inhalation as an anæsthetic agent should be prepared from pure rectified alcohol*, to be diluted with water when used for distillation from hyperchlorite of lime.

2d. That no druggist should sell for anæsthetic uses any chloroform which is not known to have been properly prepared as above suggested.

3d. That the mixture of chloroform and alcohol, commercially known under the name of strong chloric ether, must be made by the same precautions as chloroform.

There is less danger of the existence of Fusel oil in sulphuric ether, which is always made from strong rectified alcohol.

There is more danger of the existence of sulphurous acid in this liquid, and that is a dangerous poison, but it is one readily detected; and persons will object to inhaling ether containing it, on account of its well-known disagreeable odor of burning sulphur.

Fusel oil itself, according to the microscopic researches of my friend Dr. Henry C. Perkins, of Newburyport, appears to act as a poison. His experiments were suggested by an article published by Mr. Henry A. Hildreth, imputing the poisonous qualities of some kinds of chloroform to Fusel oil contained in it.

It is important, now that this Fusel oil has been introduced into medicine as a remedy in phthisis, that the profession should know that when it is inhaled it may produce fatal results, and that great caution is necessary in the use of so powerful an agent. Administered, a few drops at a dose, by the stomach, it does no harm, but is undoubtedly useful in some forms of disease. Experience will soon show how far it is remedial in tuberculous diseases; and this remedy is in good hands at present—Dr. Morrill Wyman and Dr. Perkins having engaged in the researches as to its medical use."

Boston, September 1, 1852.

Small Pox and Vaccination.—The culpable neglect of vaccination throughout our State is astonishing. From a careful inquiry we are led to think that not more than a *third* of all the inhabitants of our State are thus protected. Formerly this was a matter of comparatively little importance. So long a time was required to travel from the crowded cities on the coast to these regions that there was almost no possibility of the communication of small pox by those who had been or were suffering under this disease. The same want of facilities of travel kept our people at home and prevented them from going to the disease. Now all this is changed. The man who to-day asks our charity, or seeks with us employment, may yesterday have left the foulest pest houses; and the young man who till this morning never left his paternal farm, may to-night be exposed to the contagion of the metropolis. Clearly, if unprotected by vaccination, we are constantly exposed to be marked if not destroyed by the foulest of diseases. Such a state of things ought not to be; and we feel that it is our duty again to call the attention of the profession to this matter. Not because it chiefly concerns medical men, but because it is their duty again to warn the public, however much that warning may be neglected. The occurrence of this disease in any of our smaller towns throws the whole community into the highest excitement —interrupts, and, for a longer or shorter time, destroys the business of the place, and even if valuable lives are not lost, very great expense must be incurred both by individuals and the town. Under such circumstances it is a matter of pecuniary economy, as well as personal safety, for each town to see to it that the people are vaccinated. Be this as it may, it is not realized till the pest comes, and then all crowd to obtain that protection which they should have had years before.

A remedy for this evil is loudly called for. What shall it be? We hope to have some suggestions from our correspondents on this subject. Meanwhile we would propose that the Legislature be petitioned, at its next fall session, to pass a law *requiring every child to be vaccinated before it can be admitted to the district schools.* In this way, although we cannot reach the adults, we can in time remedy the serious evil.—*Editorial in N. Hampshire Journal of Medicine.*

July, 1852.

Neglect of Vaccination. By T. Herbert Barker, M. D.—In common with many of our readers I have been considerably interested in the correspondence on the subject of vaccination, which has latterly appeared in your valuable journal. There can be but little doubt that if vaccination were *properly* and *universally* practised, small-pox would ultimately be well-nigh exterminated from the country; and the correctness of this assertion is borne out by facts. Take Sweden, for example, where vaccination is enforced by the authority of government:

In the year	1779	small-pox	destroyed	15,000	persons.
"	1784	"	"	12,000	"
"	1800	"	"	12,800	"
"	1801	"	"	6,000	"
"	1822	"	"	11	"
"	1833	"	"	37	"

In the absence of any compulsory act, however, I am persuaded that much may be done by adopting the suggestion of Mr. Owen Fox, of Broughton (see The Lancet, May 22, 1852), to make non-vaccination a disqualification for national schools, domestic service, admission to friendly societies, parochial relief, &c.; and would refer to this town in confirmation of the statement. In Bedford we have numerous schools for the education of youth, founded by the munificence of Sir William Harpur, and some thousands of pounds are annually expended for this purpose. It was wisely arranged by the trustees of the charity, that a certificate of vaccination should be submitted to them before admission to the schools; consequently this operation is universally submitted to as indispensable, and without prejudice. When small-pox has been accidentally introduced into the town, the cases of the disease have almost been restricted to adults who have not been vaccinated in early life, or to children too young to be admitted to the schools, whose parents had neglected vaccination.

It will be well for medical men at once to use their influence in making vaccination a *sine qua non* in the instances referred to; but I must confess that I should like to see a powerful and well-organized effort made to induce the government to pass a *compulsory Vaccination Act.* Surely the benefits to be derived from universal vaccination could be so clearly laid before our government, as to induce it to disregard what Dr. Maunsell has very aptly described as "our own, almost national, caprice; and childish refusal of the slight constraint upon personal liberty, that would accrue from the legal enforcement of vaccination."—*London Lancet, from Nashville Journal.*

Bedford, June, 1852.

Camphor an Antidote for the Poison of Strychnine. By I. Pidduck, M. D.—In Mr. Cooper Foster's paper, on Poisoning by Strychnine, he states that "no antidote is known." The following case will help to supply the deficiency of our knowledge in this respect:—

J. W——, pianoforte-maker, a weakly man, of intemperate habits, accustomed to work in a hot workshop, and to exposure to cold on his way to and from work, was the subject of severe attacks of rheumatic gout. After one of these gouty rheumatic attacks he was suffering under dyspepsia, neuralgic pains, and general debility. For the relief of these symptoms strychnia was prescribed, in the dose of a *sixteenth* of a grain three times a day. By mistake, at the Chemist's, (one of the first in London,) the grain of strychnia, with sugar, was divided into *six* instead of sixteen powders.

The first dose taken in the evening produced severe twitchings of the muscles; but the second dose, early in the morning, threw him into violent convulsions. The messenger, who came for me, said he was dying. Immediately after discovering the mistake, and witnessing one of the frightful paroxysms, I prescribed twenty grains of camphor in six ounces of almond mixture, one-fourth to be taken every two hours. The first dose so completely quieted the convulsions that there was no need of a second.

Cases of this kind rarely occur, and I have only this one to adduce, but the incompatability of strychnia and camphor proves, *pro tanto,* that the one is the antidote to the other. As a general rule, to which there probably may be exceptions, the poison and the antidote severally are to be found in the three kingdoms of nature.—*Ibid.*

Of Flexion of the Limbs as a Means of Suspending and even Arresting Arterial Hemorrhage—As arterial hemorrhage is at all times more or less dangerous and alarming, it becomes proper for us to notice all the means best calculated to put a stop to the flow of blood proceeding from divided vessels. To this end, we are pleased to notice that Dr. Bobillier has turned his attention to this subject—the views of whom we shall abridge from the February number for 1852 of the *Journal des Connaisances Medico-Chirurgical.*

This gentleman has found, from experiment, that when certain arteries, situated about the joints of limbs, are wounded, the hemorrhage therefrom may be arrested permanently, by flexing the limb forcibly upon itself. By this means he arrested hemorrhage from a wounded radial artery; and in another case, the same means succeeded after compression, etc., had been fairly tried and failed.

The third was the case of a man whose brachial artery was wounded by a blow with a knife, just in the bend of the arm, at the usual point of venesection—the hemorrhage was frightful, and the patient was so situated, and the accident was so unexpected, that the application of a ligature was utterly impracticable in the case. Violent and permanent flexion of the fore-arm upon the arm arrested the bleeding.

Dr. Bobillier deprecates any desire to place flexion of a limb in competition with the ligature, for arresting hemorrhage. He contends, however, that it is a precious means, under certain circumstances—when the usual instruments for the application of ligatures are not at hand.

In 1834 M. Malgaigne, in his *Manuel de Medicine Operative,* speaks favorably of strong flexion of the fore-arm upon the arm, as a means of arresting hemorrhage from wounds of the brachial artery. Four years thereafter, he mentions a case in which he arrested a hemorrhage from the popliteal artery, by flexing the knees.—*New Orleans Med. Journal.*

On Oil of Turpentine in Metretis. By Dr. W. H. Ballard, M. D.—Negro girl, Betsey, aged about twenty-two years, suffered much from dysmenorrhœa; her courses, according to her own account returned every two weeks—she was frequently compelled to "lay up" ten days or a fortnight at a time. The discharge was clotted, mingled with shreds of membrane. I determined to try ammoniated tincture of guiacum as prepared by Dr. Dewees. The first return after the commencement of this treatment, was, as stated by Dr. D. to be generally the case, much more severe than usual, (and of this the girl had no previous intimation,) but the subsequent ones were much mitigated. About three months after the medicine was commenced she again complained of painful menstruation. The weather was quite cold (November) and wet. I directed a dose of castor oil, which acted rather freely, and she complained much of soreness about the lower portion of the abdomen. Next morning on visiting her, I found the pulse quick and small, the abdomen quite tender and probably a little enlarged. Calomel in small doses was prescribed with sufficient opium to restrain its action on the bowels. Flannels wrung out of warm turpentine were applied to the hypogastrium. In a few hours as soon as it could be procured, mercurial ointment spread on muslin, was substituted for the turpentine fomentations. After giving some eight grains of calomel, finding it to gripe and purge, I discontinued it. Next day the abdomen was much more enlarged, rising above the margin of the ribs; skin cold, pulse small, weak and frequent, and the face haggard and covered with cold perspiration. At this time I requested an old practitioner (but who had retired from the profession for many years,) to see the case with me. We differed, however, diametrically about the treatment, and for an hour or so nothing was done. I was anxious to try the oil of turpentine, but as he was opposed to it, and having great confidence in his judgment, I feared to assume the responsibility. Finally, as the case was a desperate one, and he regarded it as beyond remedy, I determined to try the turpentine. At about eight o'clock we gave ten drops. On visiting her an hour after, my delight was great to find a most favorable and magic-like change. The face had become quite animated, the cold perspiration was gone, the surface pleasantly warm and pliant, the pulse slower and fuller. She expressed herself much easier. Content to let well enough alone, I did not push the remedy further.

Next morning the abdomen was much reduced in size, and the case wore a more promising aspect than the day previous, though the amendment had somewhat subsided: I gave five drops more of turpentine with the same favorable results.

From unavoidable circumstances I did not see the case again, but the gentleman alluded to, who saw the case with me consented to pursue the same course of treatment. In a short time the girl entirely recovered.

The case is an interesting one, first, from the hysteritis and probably peritonitis occurring during the administration of the guiacum, whether as a consequence or a mere coincidence no one can say. Secondly, from manifest advantage arising from the use of the oil of turpentine. Thirdly, from these beneficial results following the use of so small a quantity. Many authorities seem skeptical of the advantages of this drug, and it is possible that if, presuming on the happy effects of the first dose, it had been repeated in a short time from fear of the first impression subsiding, or in hopes of still further benefit from it, acute inflammation might have been re-kindled or, the excitability of the system, already much weakened, would have been wholly exhausted. A careful perusal of Dr. Dewees' works had fully impressed me with the danger of over stimulation. One might reasonably contend that no judicious practitioner would think of pushing a remedy when he had derived all the benefit he could expect; but it is a matter of opinion founded on a close observation of any particular case *when* we have achieved this end, and any one may probably find instances in his practice where he has aimed at too much good, if not, a case in point may be found in Dr. Dewees' work on females, above cited. And it is highly probable, that if my case had not been seen so often, and general directions given instead, as to the repetition of the remedy used, inflammation would have been augmented and the case no doubt hurried to a fatal issue.—*N. O. Medical Register.*

Observations on some Peculiar Varieties of "After Pains." By C. Joel Hendrick, of Auburn, Ind.—It is well known to physicians, that, after parturition, females are subject to periodical pains, which resemble, in some respects, the pains of labor, and are induced by the further contraction of the uterus after its contents have been expelled. These pains sometimes continue several days, and are very distressing to the patients, insomuch that it frequently becomes necessary to subdue or palliate them by the administration of medicine. Generally, opium or some of its preparations in full doses will arrest them promptly; but, from my own experience and observation, I am induced to believe that opium is too frequently given in cases where periodical pains occur soon after parturition, without a due consideration of the *character* of the pains. To confirm this opinion I will cite the following cases:—

Case I.—Mrs. Brown, a very robust and healthy woman, was delivered of her first child in the spring of 1848. Nothing worthy of note occurred during the labor, and when I left the house, which was soon after her delivery, she appeared entirely comfortable. About four hours afterwards, however, I was again summoned to see her, and found her laboring under very severe pain, which recurred at regular intervals like ordinary after pains. As there was also occasional syncope with a frequent and feeble pulse, I was induced to examine the condition of the uterus, per vaginam. On attempting to examine the uterus, I was surprised to find the vagina much distended by an immense and very firm coagulum, which I immediately broke up and extracted. No hæmorrhage followed the extraction of the coagulum, and the pains immediately ceased.

Case II.—I was summoned in haste on the morning of the 4th of January, 1850, to see Mrs. Williams who was reported to be in labor, under the care of Dr. E——. I arrived at the house about two o'clock, A. M., and found the woman suffering from very extreme pain, though she had been delivered, I was informed, about an hour before my arrival. The pains were decidedly periodic, though not at any time entirely absent, and were described by the patient as much worse than the pains she had suffered during labor. Dr. E.—— informed me that the after pains, as he regarded them, had set in soon after the delivery of the placenta, and as they were unusually severe he had given a very large dose of morphine, which, however, had produced little or no impression upon them. I suggested the propriety of examining the condition of the uterus, and was requested by Dr. E—— to make the necessary examination. On introducing my hand I found protruding through the os uteri, to the extent of an inch or more, a substance which was highly sensitive to the touch, and which I concluded was the fundus of that organ. I therefore made firm pressure upon it, in consequence of which it suddenly receded within the os, upon which the pains *immediately* and *entirely* subsided.

In both the foregoing cases it is obvious that opium, to whatever extent its administration might have been carried, could not have afforded any material relief.—*N. W. Med. and Surg. Journal.*

Arabian Method of treating Stone in the Bladder—In an old work, published in London in the year 1743, entitled A View of the Levant, &c., by Charles Perry, M. D., there is described a curious method of treating a very formidable disease, which is practiced by the Arabs in the city of Cairo. Thinking it might interest your readers, as a medical curiosity, I have copied it out word for word, merely modernising the spelling a little. Yours truly, G. H.

"Being the other day in discourse with one Signior Gabrieli, a Venetian, who has practiced here as a Medico for many years, he entertained us with an account of a great cure which he had lately performed. His story was thus, or to this purpose: That a certain Effendi, a person of great affairs and consideration, and about fifty years old, had been tormented with violent and continued pains in his reins, for twelve years past, without intermission: that during this long and irksome time of twelve years misery, he had applied himself to all the doctors, (whether real or nominal,) that he could meet with or hear of in this city, but without any sort of benefit; for they all alike mistook his case, judging it to be no other than a cold, which had determined and fixed itself upon that region. At length, about eight months ago, good luck or providence directed him to this Signior Gabrieli. He was no sooner called, and fully instructed of the patient's complaint, than he judged and pronounced it to be of the nephritic kind; but he judged much better of the disease than of the medicines he applied for the cure, for he gave nothing but mallow water in large quantity, with oils and syrups to lubricate. These indeed were very innocent remedies, and, as one would be apt to think, equally impotent, as in fact they proved. But Signior Gabrieli, having experienced those, and such like things, for a considerable time, without any fruit or effect, and being acquainted with an Arab, who was famed for his dexterity in blowing wind up the penis for the cure of stone and gravel, he went in search of him, carried him to the patient, and ordered him to perform the operation without delay, in the best manner he could. The operator, having his instruments about him, went to work directly. He first ordered the patient to stand up in an erect posture; then he put the end of a common cane pipe, (which was about three inches long, and cut taper, after the manner of our penis syringes,) into the urethra; and the instrument being adjusted in such a manner as he thought proper, he blew into it with all his might, for a considerable time; then, holding the urethra, to prevent the wind's flying out again, he played about the bottom of his belly with the other hand, (especially above the os pubis and near the groins,) for a considerable time; then, relieving the urethra, he let the wind discharge itself, beating his belly gently with his hand, to force the wind out with a greater impetus. When the wind was pretty well discharged, he applied a pipe again into the urethra, and then sucked with the same force as he had before blown. By this first operation the patient voided eleven stones near as big as vetches; and the same operation being repeated every morning and evening, till he was entirely freed from pain, and from all further emissions of stone or gravel, the whole quantity of stones discharged, (besides an incredible quantity of gravel,) amounted to near three tea cups full; and besides these, he excreted a great deal of white viscous matter in his urine.

"However, we confess we were rather pleased and diverted with this story, than satisfied about it; because people are generally partial in their own favor; or at least will exaggerate in their accounts of things which tend to their own glory and honor. We therefore desired Signior

Gabrieli, for our full satisfaction and conviction, to carry us to see the person. Signior Gabrieli replied, without the least scruple or hesitation, that we were masters to go wherever we would; and no longer ago than yesterday, we went and had an interview with this Effendi. We saw the stones which he had voided, and had all the other circumstances of the cure confirmed by the patient's own mouth. Most of the stones are as big as vetches, and somewhat of the same figure; they are all of a dark yellow color, and of a friable texture. The Effendi told us that he had not been able to mount his horse, nor scarce to move about the house, for the space of twelve years before, but was now pretty well, and very easy. He said, however, that when he urined, he had yet a burning pain in the urethra, near its extremity; and examining his urine, we found it of a wheyish color, abounding with a number of white filaments."—*Buffalo Med. Journal.*

August 10*th* 1852.

Democracy and the Doctors. By R. H. Paddock, M. D., Chesire, Ct. —It is a commonly received opinion, that the old forms of government, being patriarchal in their character, and celestial in their origin, are favorable to the cultivation of the liberal arts and professions.

It is also just about as commonly supposed that democracy can appreciate only that which is of obvious practical utility, and affords little countenance or protection to amateurs in literature or art, or to those engaged in the practice of the learned professions. A single individual, as a king, or a single and comparatively small class of persons, as an aristocracy,—having had the best instructors and the most ample facilities for the acquisition of all useful learning and elegant accomplishments, —must surely better understand, and more safely guard the interests of learning and the learned; must more readily detect, and more profoundly abhor, all schemes of quackery and imposture, and will more effectually crush them, at a blow, than can be expected of a whole people, of all conditions—whether of fortune or misfortune. On the other hand, the very notion of liberty implies the toleration of manifest evils, and opens to eminence in all that is hateful and degrading, as well as in all that is lovely and exalting.

Now we doctors see and feel so much of the *intolerable* impudence, conceit, and ignorance, of *tolerated* quacks, that we are sometimes tempted to abjure our own political creed, and go back to the hated and antiquated forms of absolutism—seeking, under the iron wand of despotism, protection for ourselves, and vengeance on swaggering charlatanry. But alas! in this day to whom shall we go? To the leagued tyrants of continental Europe? All the beauties of absolutism, *in the abstract*, celestial in origin, as it *might be*, tender and parental, as it *should be*,—vanish at a glance of these miscreant ministers of an angry God! But, upon a "second sober thought," were despots less despotic, and tyranny even tolerable, we would not invoke its aid. Medical quackery has its cause and cure in something back of all forms of government; and, though sometimes not allowed to be practised openly, it nevertheless insinuates itself into all states, however ruled or misruled.

A very common and very erroneous notion in reference to the nature of disease, furnishes those who have more brass than brains, with an opportunity to mislead a multitude to their own hurt. It is something like this: Every malady is distinct in its nature; well characterized; of specific form, and requiring a specific mode of treatment.

The doctor is expected to recognize diseases as readily and as certainly as the naturalist does plants and animals, and to apply to each the specific remedy which nature has provided. According to this simple and beautiful theory the practice of medicine should be a very easy and satisfactory business, and the doctor should be certain death, not only "on fits," but also on disease itself.

A good practical illustration of this notion is seen in that system of seething, spewing, and injecting, known as the Thomsonian. The semicivilized discoverer of the wonderful secrets that heat is life and cold is death; that every substance should come out of the body through the same channel by which it enters it; and that red pepper and lobelia, administered hot to both extremities of the body, will drive out the seeds of all diseases, viz: cold and canker—commenced his original treatise on the healing art by advising all men to shun the lawyers, the doctors, and the ministers of religion. The remainder of his book is a worthy commentary on the text, and like Joe Smith's Bible, finds those in every community, who are captivated by its vulgarity, and enlightened by its profound revelations.

There is something attractive, too, for a certain class of persons, in the operations of a Thomsonian doctor. His is no light duty—no easily earned reward! he throws off his coat, rolls up his sleeves, and swelters, for hours, over a steaming cauldron of concocting boughs and herbs. The huge bowls of hot drinks, the bath frames covered with woolen blankets, and the red-hot, hissing stones, all show that something is to be done effectually, and that either the disease or the patient must yield before this formidable enginery.

Now it is neither the highest nor the lowest portion of our race in point of intelligence, that are imposed upon by such theory and practice. Those nations which have undergone the process of calcination and calcitration, through the wickedness of their rulers, till they can not, or dare not, aspire to think for themselves upon any subject, make the very best class of medical patients. They surrender their bodies to the legitimate doctors, and their souls to the lawful priests, to be healed of their respective maladies with an equally blind and unwavering faith in both. It is when the human mind has been released from the bondage of ignorance and oppression; when some straggling rays of light begin to fall, and it begins to put forth its early and uncertain efforts in speculative philosophy, that it embraces such crudities.

What wonder if, in the twilight of their mental illumination, when men have acquired just that "little learning," which is always a "dangerous thing," in speculating about doctoring themselves, as well as about governing themselves, and acting for themselves in every capacity—they should often adopt undigested schemes of corporeal, as well as of spiritual salvation? What wonder that their inexperienced ears should listen to the noisy quack, pasted all over with glaring certificates and lying advertisements?

Another form of medical imposture, more refined in its character, and perhaps quite as extensive in its influence as the preceding, owes its origin and advocacy to minds of a contemplative and visionary mould. These are found in the ranks of the most refined, intelligent and virtuous, and when controlled by a powerful judgment, as was that of Columbus, are often among the most distinguished of our race. Affluence and independence, or at least a condition in life exempt from the necessity for physical labor, are almost indispensable to the formation and cultivation of such a mental habit. The man who earns his daily bread by daily toil, has little time or inclination for day dreaming; while the student, the cultivators of science, art, and the learned professions, are quite liable to fall into speculating and theorizing.

Even the despicable tyrant, who enchains the bodies and minds of the great mass of his subjects, will sometimes foster the spirit of speculative philosophy, or of devotion to the fine arts. He is willing to engross the minds of the contemplative with such topics as can have no practical influence to enlighten and elevate the people, and for this reason he has sometimes been hailed as the patron of all liberal learning.

The medical hallucinations of these transcendental philosophers, like all their ethereal lucubrations, are wonderfully exquisite and psuedo-logical. Their thread of ratiocination is microscopically attenuated, and their deductions are the doubly refined extract of nonsense.

At one time they inform us that a wet sheet, wrapped around the human body, will certainly absorb the active elements of any disease; while a little Croton water, introduced within the body is far more powerfully curative than Croton oil. At another time we are gravely told that any cause which can derange the delicate mechanism of the human system, is itself the proper means of cure; and hence a sledge hammer is a fit tool to mend a watch; and also that the less is more powerful than the greater, of the same kind; and hence that nothing at all is absolutely omnipotent.

Furthermore—if any man doubts the truth of these startling propositions, they can be verified by thousands of testimonials, and by actual experiment. This cannot be said of the propositions of Euclid—so away with your mathematics, and give us the documents!

Doubtless there are other forms of medical imposture, dependent upon other peculiarities in the constitution and condition of the human mind. These it is not my present purpose to exhibit, but rather to infer from what has already been said, that the sources and the remedies of charlatanry, are not to be sought in the forms of government; or in legislative enactments. Doubtless these have an important influence in the determination of mental conditions and characteristics; but men cannot be cured of ignorance or insanity, nor can they be endowed with a truly enlightened understanding, and good practical common sense, by the force of law. All experience shows that neither our moral nor our physical maladies are likely to be better healed when under the care of the state, than when left to the care and the conscience of the individual patients themselves.

Much then, as we are scandalized by the wide spread medical quackery of our time and country—much as we deplore its soils, abhor its impudence, and despise its flimsy sophistry—still, we shall do well to adhere to our democratic notions of government—giving the fool full liberty to preach folly, and his hearers abundant permission to trust in him.

What then? can no remedy, no alleviation be devised? Yes; let us follow the advice of the old Latin poet, and pray for "a sound mind in a sound body," and let us accompany this prayer by such efforts as are suited to the fulfillment. Let all our States, and all our smaller communities adopt the well known and approved methods of general education; and let every species of useful information, practical, scientific, and professional, be as widely disseminated as possible. Let us also remember that, for this life at least, men have *bodies*, as well as *minds*, and that they sympathise so extensively with each other in their growth and development, disease and decay, that whatever measures are adopted for the spread of virtue and intelligence, as well as for the alleviation and cure of disease, should have an adaptation to both a physical and a mental constitution.

Great intellectual advancement might be realized through the same means that we employ for the improvement of the brute animals; but though we may not regulate or restrict the license to increase and multiply, yet one thing may and should be done in this direction. It is a fact as universal as it is lamentable, in this country, that our native, and more intelligent and attractive females are sadly debilitated and degenerated in bodily constitution; and I need not say that this must unavoidably work the deterioration of our whole people—first physiologically, then mentally and morally. Now a glance at the flood of emigration pouring into this country, shows that this evil is artificial and may therefore be exterminated. Our own progenitors, on the other shore of the Atlantic, are comparatively exempt from it. Let us but adopt the better portion of their hygienic regimen, especially their custom of daily and prolonged exertion in the open air, and I doubt not that in a few generations we shall see more healthy mothers and fewer scrofulous children. This reform would be an important auxiliary in the great work of popular education and elevation, the only radical cure, not only for quackery, but also for all our ills—whether physical, mental, social, or moral.—*Ohio Med. and Surg. Journal.*

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Hints on Physical Education By JAMES H. STUART, M. D.

No. 3.

In view of all the considerations before alluded to, I would propose an addition to the ordinary rules for Physical Education. Not to speak of Dumb bells, Gymnasia, Riding Schools, &c., because they have all been sufficiently amplified in the numerous treatises extant upon the subject, and because common sense teaches their propriety when circumstances warrant their use. But we make the bold proposal, that every, or *nearly* every child, above six years of age, shall, after a little preliminary hardening, be permitted and enjoined to sleep in a room with the windows open, and this both in summer and winter; be the weather clear or rainy, cold or warm, damp or dry, windy or calm, or even hailing or snowing. This is certainly, at first sight, rather a startling proposition; but it has borne the test of experience, and will, we think, bear that of philosophical investigation. Let us examine the matter a little. The composition of the atmosphere is now pretty well understood, as also the changes undergone by it after having been used some time for breathing. In accordance with this knowledge, physicians are in the habit of recommending, though not of sufficiently insisting upon, the necessity for "fresh air." In many varieties of fever they are anxious to have it circulating freely through the apartment of the patient, during the *day-time.* Bed curtains are reprehended, and wisely too; though, if nothing more is done for ventilation, the evil hour is merely postponed, not prevented. But at night, when care should chiefly be observed, then, even physicians themselves, and their families, close their windows tightly, and creep into bed as if no danger whatever to their health existed; fortunate, if indeed they have no roaring fire glowing on their hearth.

At best, the majority merely draw down the casement a few inches from the top. Now this last is not sufficient. Carbonic acid is a heavy gas, and though, by the law of diffusion of gases, it will mingle *equally* with atmospheric air, it will not all rise against gravity to escape by that aperture. The chimney, key-holes, &c., are manifestly insufficient for ventilation. For, is it not evident to any one blessed with olfactories, on entering an ordinary sleeping room in the morning, more especially if he have previously snuffed the fresh out-door breeze, that much foreign substance is mingled with the air of that chamber? The odor is sometimes really sickening, and that even when the occupant may have been gone and the *door* open for perhaps an hour!

No wonder people rise so often heavy and dull, as if from the effect of an opiate! They *have* been inhaling a narcotic gas the whole night, and should feel grateful to Providence that they are spared to see the dawn. How many inquests are annually held in our cities, upon the bodies of persons "found dead" in bed? And how many verdicts of "Apoplexy," "Visitations of God," &c., are carelessly rendered, which *should* read "ignorant felo de se from the respiration of impure air!" But, because no pan of charcoal appears in the room, the idea of noxious gases never occurs to the sapient jury. Some may laugh at all this, and say triumphantly, that they have slept with their windows closed during their whole lives, and were never injured by it. To this we answer, a poison is not the less sure because slow; and that, while the objectors are now perhaps tolerably healthy, they owe it "more to good luck than good management," "post hoc, non propter hoc," and would probably have been much *more* hardy and vigorous by pursuing proper means. Nervous, complaining hypochondriacs, are not found among men who sleep with open windows. The reason is obvious.

There are however, men of such iron constitutions, that nothing apparently can injure them. An aged relative of our own—now dead—who in his youth would wrap himself in a blanket, and lie calmly down to rest in the lee of a snow-drift, would undoubtedly have ridiculed the idea that sleeping with closed windows was injurious to any one. Yet undoubtedly the nervous symptoms which marked his own age beyond fourscore, were in a great measure due to that very thing. It is evident to every intelligent being, that man cannot live in an impure and vitiated atmosphere.

But some one may say, "If you open your window you subject yourself to the damp night air, and mayhap to poisonous miasmata mingled with it." Most true, if it is damp, and if the miasmata are there. And in that case, pray what does *he* breathe who shuts himself up close, but the very *same* air with all its impurities, and the additional ones generated by himself? He but makes matters worse. For if the air of the chamber is not identical with that outside, whence is it derived? The key-holes, through which it enters, are not sufficiently capillary to deprive the air of its moisture, and we are not aware that carbonic acid gas possesses the power of neutralizing marsh malaria. But some may say, "when sleeping, the vital powers are low—ill calculated to resist the miasmatic influence." And, we ask, are they not lower when to sleep is conjoined the depressing influence of a foul atmosphere? Here we boldly appeal to experience, (our own and that of others,) and assert that those of our acquaintances who pursue this plan are *not* more subject to intermittent, than those who do not, or than they were themselves before commencing it. "Haud inexpertus loquor." Perhaps, however, some kind hearted personage may enquire "Would it not answer the purpose to leave the chamber door open?" We answer, not fully; for the house being shut up, we should merely extend the range of air to be breathed in a certain period, and have the rest of the family to assist in the operation. To see that this plan is not good, we have only to reflect on the musty odor of an empty room when closed for some time. This is evidently caused by the stale air from other parts of the house getting in, and not being removed when the building generally is ventilated. Beside, what would one do in Hotels, Colleges, &c. But it may be said; "you will perhaps serve the children as the fool did his horse; which, when it had just learned to live on a straw a day, died. You will *kill* them in the hardening." No danger whatever. Begin, after a little preliminary training, in early Summer; carry it through the Fall, and before Winter they will be thoroughly seasoned. They should, of course, be warmly covered; and for the first year or two, might on occasions of severe storms, or remarkable cold, be shut up till they were over.

What a luxury it is, when snugly ensconced beneath the warm coverings, to feel the cold winter's wind sweeping over one's face and biting his nose, and to breathe deeply of the sharp, stinging, bracing air! Even when the snow is dashing about, and curling through the room in little eddies, finally to subside in small drifts upon the floor, one can, when the bed is beyond its range, survey it with the most philosophical composure and then drop gradually and comfortably to sleep. Our own first experiment was made under very unfavorable circumstances. During the preceeding summer at College, we had been blessed with an obstinate chum, who positively refused to allow either the door or window to be open at night. Consequently, we sweltered through the season and found our health poor in the Fall. During the winter, thanks to a strong minded and sensible uncle, we commenced sleeping in a small room with the window immediately beside our bed, and the sash raised. It snowed the first night, and deposited about an inch on the floor beside the bed; indeed some of it was sprinkled on the quilt. Next morning we had a "bad cold," which lasted some time. But "Perseverentia vincit omnia,"—and *did* conquer the catarrh. We have never had a cough since,—about seven years now,—save one winter while attending lectures, from the introduction of a stove into the bed room. By continuing this system and extending it, we are equally proof against water, wet feet, &c. True, there are some exceptional cases, when this course is inadmissible. But the rule is that a child who began this training while young would, when a man, need no further hardening to enter the woods and "camp out" on hemlock boughs, as fearlessly as any hunter of the wild.

Another thing we would insist on in the Education of children, is daily cold bathing. At the beginning, the water should be, of course, quite warm, but gradually lowered in temperature, until, at length, the child could bear it cold as it is usually found in our hydrants. This bathing should be regularly enforced every morning—in the coldest weather of winter, as well as in the heat of summer. It will at first be urgently resisted, and a tender hearted mother might be induced by the cries of her apparently suffering offspring to swerve from her duty and finally neglect it almost entirely. But, even when it suffers most under the infliction, it will feel delighted immediately after, and be brighter and happier all day. If, however, reaction does not occur, it will be an indication that the cooling of the water has been too sudden, this should henceforth proceed more gradually. Habit will soon render even the cold dash pleasant, and that which was feared as an evil, will be eagerly sought as a joy.*

It is unnecessary to enlarge on the advantages and physiological effects of cold bathing. They are well known, and parents need but little urging *from an authoritative source* to make use of them.

But Physical Education should not cease when a young person, emancipated from parental control, assumes the care of himself, and enters upon life. No. Far from it, for then new temptations to injure the body and ruin the mind present themselves, and require peculiar care and watchfulness to be avoided. When a man has attained his full growth and development, a certain amount of exercise is still necessary to preserve his health, which, though generally more settled and firmer than before, is exposed to more undermining influences. But the majority of young men never seem to regard this at all. Their minds are fixed on business or pleasure. Most persons are obliged to engage in some regular occupation for support. This, especially in cities, keeps them closely employed often during the whole day. Now a reasoning being *ought* at once to see the necessity for some *healthful* recreation in the evening, to do away with the ill effects of the day's confinement;—and a walk, a row, a ride, a bath, or an hour in some gymnasium should at once suggest itself. But clerks, mechanics, merchants, and even students, who should know better, are not thus inclined. On the pretext of amusement, relaxing their *minds* (which, by the way, are not often *overtasked,*) they rush in shoals to the Theatres, Circuses, Monkey Shows, Bar-rooms, Dance Houses, and Bagnios. There, amid crowds of others, composed in part of the vilest of the vile, they sweat and gasp for breath, inhaling a vitiated and disgusting atmosphere, often redolent with the odors of tobacco smoke, coal heavers, oystermen, and fashionable perfumery, and reminding one of Coleridge's "seven and seventy stinks in the town of Cologne." This is by way of *relaxation* and recovering from the fatigues of the day! Look too at the poor miserable exquisite, casing his already scant proportions into still smaller dimensions, and mincing along our streets with the perfume of Musk, Cologne, Macassar Oil, and "Vinaigre aromatique, Cosmètique, et antimèphitique de Bully," wafting in gentle breezes about his "ambrosial locks" and shuddering if perchance a "howwid twadesman" should come "between the wind and his nobility." Poor butterfly! His ephemeral career is truly pitable, however well deserved!

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* To prove that we speak as "having authority," let us instance the child of our friend, Lieut. D. S. McDougal, U. S. N., who became passionately fond of his bath, seeming to feel perfectly happy when splashing the cold water over him. And never was a stouter, healthier child born. Even during the paroxysms of pain from the acute disease which terminated his life, he would clap his hands and appear delighted at the sight of his bathing tub. And his case is but "e pluribus unum."

Nor are our fashionable women one whit better. Starting out late at night, about half dressed, in stormy weather, they will dance some hours, overheat themselves, and undergo the various excitements of love, jealously, vanity, and envy. Then, with their "delicate constitutions," they will, in merely stepping to their carriages, frequently cause Amenorhœa or Dysmenorrhœa, or "catch a shocking cold," from the effects of which they perhaps never recover.

Observations on the Pulse. By the EDITOR.

To trace the variety in the symptoms of disease as they occur from time to time, under the observation of a careful physician, is a duty mutually interesting and important, to both the patient and his attendant; but while we feel the pulse *from habit*, at every visit to the sick, we are not always careful to consider the conditions on which it depends, and to scrutinize the symptoms with accuracy, and judge from ihem all collectively. Acting under the general law of the economy, that a supply of arterial blood is necessary to the action and growth of every organ, we are too apt to conclude if we find a full and bounding pulse, that blood is becoming too rapidly concentrated in some particular part, and that the lancet must be employed to diminish its quantity, and control its force. On the other hand, we may be led to suppose from an evident feeble action at the wrist, that a stimulating course is necessary to increase the vigor of the circulation; and, while we may be right in both instances,—we may also be wrong, as the pulse is not always a reliable symptom.

There are a number of considerations to be taken into the account, some of which it is proposed to consider in this article; such as the following—viz: the action of the heart is materially modified by that of the nervous system; sudden or strong emotions, whether of joy or grief, pleasure or pain, often produce a striking difference in the force and frequency of arterial action. Persons suffering from acute neuralgia, even those of delicate and nervous constitutions, who have less blood in the system than they actually need, will sometimes have a strong and full pulsation at the wrist, during paroxysms of pain; and yet to deplete such persons by venesection, would only aggravate their symptoms. The nervous system will also act upon the capillaries of the organs, and by their irritability, an increase of supply will be furnished to those organs, and give rise to inflammatory symptoms, which may be better relieved by nervous stimulants or sedatives, than by evacuants; and so the nervous force which regulates the action of the lungs, may be so distributed as to cause the pulmonary circulation to act irregularly upon the heart, and create a degree of arterial disturbance, which may often mislead the practitioner who relies too much upon the pulse as a diagnostic sign. Again, we should remember, that the distribution of the filaments of the great sympathetic nerve upon the arterial parieties, may exercise considerable control over the contraction of the arteries, when the great motive power is in any way deranged or modified.

In some conditions of alarming debility, the arterial system is most singularly irritable, and the pulse very deceptive; in phthisis pulmonalis, and in many chronic affections, this is frequently seen. Again, the constitutional pulse of many individuals is full and frequent; in others quite the reverse, while in all, it depends much upon the mental and moral qualities of the individual, as well as physical organization; and this very want of uniformity renders it an uncertain indication, and increases the necessity of regarding it only in connection with general symptoms. How often do we see in aged persons, worn down by chronic disease, the work of death going rapidly on, and one organ after another failing to perform its office, and yet the pulse continue firm and full, till the lungs cease entirely to act! I remember being particularly impressed with this fact while a student, when watching with an aged gentleman in his last moments; after the eye had lost its brilliancy, and the evidences of speedy dissolution were apparent, the pulse was the last to answer the call of the destroyer, but retained its fullness and volume till the latest moment; while at the same time there was preternatural heat of the surface of the body. In active pulmonary hemorrhages which threaten to destroy life, the pulse is often extremely rapid and feeble, and will rise under the use of the lancet, the flow from the pulmonary vessels being diverted towards the extremities.

A plethoric state of the system, in which the pulmonary circulation is obstructed, may create a small pulse, by causing congestion of the lungs, and a consequent want of supply to the left ventricle of the heart; which, failing in its natural efforts to furnish the organs with their due proportion of blood, labors with an increased frequency of pulsation, and with a corresponding diminution of force, to meet the demand made upon it by the general system. Also, in active inflammations of the serous membranes, as in peritonites, the pulse is frequently feeble, and yet the fever, tenderness, and pain of the abdomen, indicate a positive phlogosis, which may be reduced by bleeding; and with its reduction, there will be a corresponding improvement in the arterial pulsation. In local inflammations, as in ophthalmia, the extent of which is often not sufficient to produce evident constitutional sympathy, and in which the pulse cannot participate at once—prompt bleeding is often useful and indeed necessary. In such cases, if we wait till constitutional symptoms become established, and the pulse indicates febrile excitement, the local affection may become much more obstinate, and difficult to remove.

We are then to consider, in judging of the pulse, that its strength depends not only upon a mechanical impulse given to it by the force with which the ventricle is contracted, but upon the tonicity of the artery, and the quantity of blood, as well as upon the more vital and controlling power which resides in the nervous system. Hence the mental emotions and desires, together with the physical peculiarities of the patient are to be studied, before we can rely upon the pulse in diagnosticating disease.

If these few suggestions will do no more, it is hoped they may contribute to establish in the mind of the intelligent medical reader, the important maxim, that a strong pulse is not always an indication of vigor of constitution; nor a weak one, of debility.

Cases of Poisoning by Honey. Communicated to the District Medical Society of Burlington County, Oct. 19, 1852. By I. B. Coleman, M.D.

We are all, no doubt, historically acquainted with the occasionally deleterious effects of recent honey, but many of us may finish our professional career, without witnessing an example of the kind. The fact may therefore be lost sight of, and we may fail to apprise the lovers of this delicacy, of the hazard attending an incautious indulgence too soon after it has been taken from the hive. It is highly probable that some localities may be more favorable to the production of a poisonous article than others, but even in situations where it is generally harmless, it will sometimes produce disastrous effects, and from what sources the poison is derived may not be apparent. It will be better then, to advise an extremely cautious use of all new parcels, until their qualities have been ascertained. Were the medical botany of our county, and the necessities of the bee, better understood, we might venture an opinion, a *priori*, but in the present state of our knowledge, we can but caution. The question being yet unsettled, whether honey is an animalization or merely a transfer of juices to the cells, we may venture the opinion that it is exclusively neither; but, under certain circumstances, both a vegetable secretion and animal elaboration. That it is not exclusively a deposit, we may infer from the fact that analysis does not discover an identity of composition between honey and any known vegetable secretion. That it is not wholly an elaboration, we are warranted in concluding, from its occasional effects being so strictly analogous to those of known acrid narcotic poisons. As the change is effected in the stomach of the insect, may it not be that when the supply is abundant, and convenient to the hive, that organ may be surcharged and again speedily evacuated, before the elementary transpositions can take place. When the food is less abundant or the distance greater, the metamorphosis would be more effectual, and genuine honey be the result. This modification seems at times to be the effect of ordinary chemical action, as honey, hurtful at first, when left for a time, even though sealed in the cells, becomes harmless. Those isomeric and protean organic compounds, analogous in chemistry, to the kaleidoscope in optics, which so readily change their properties by the slightest elementary variations, or even re-arrangements, may furnish a solution to the problem. The merry maze through which the chemist is at present leading the hydrated oxide of amyle is a beautiful illustration. As prussic acid is found to be the active principle in many of the evergreen poisons, and as it is readily decomposed by light, it is probably the offender in the cases of which we are about to speak. This can only be inferred from the known properties of the stem, leaf and fruit, (as the secretions of plants do not necessarily possess the same qualities,) and from the toxicological effects exhibited, which were so much in accordance with those of hydrocyanic acid.

On the first day of September, fourteen persons, men, women, and children, ate of wild honey just taken from a tree in the pines. Of this number, one died, six were severely affected, and the remainder very slightly, or not in the least incommoded. Upon receiving the summons I repaired to the spot, ten miles distant, armed for the contest, with ipecac, sul. zinc, and mustard, ether, brandy, carb. ammon., olive oil, &c. When arrived, I found the assault had been furious, and the defence so well sustained by the good woman of the house, that it was only necessary for me to cover the retreat. They had all been well drenched with a tepid solution of common salt, which produced emesis and relief, with the exception of the man, who died. He, either from too sudden prostration or obstinacy, did not take the potion, and paid the forfeit. The symptoms described were at first, and very soon after eating, a burning heat in the stomach and skin, with shiverings and general sense of coldness, retchings, with ineffectual attempts to vomit, muscular prostration, vertigo, delirium, hallucination, and tendency to somnolency. In some there were epigastric or cholic pains—pulse weak and slow. The fatal case had terminated before my arrival, and as the violence of the cerebral disturbance had somewhat abated by the vomiting from the salt and water, a large dose of olive oil was given to each one who still complained of the intolerable heat in the stomach, which gave relief. The languor, disposition to sleep, and irregular muscular movements were one, two, and three days in disappearing. The perceptions of some were so much impaired that they were unconscious of all the transactions of twenty-four hours, and at first wandered about the wood, entirely at fault.

The honey was taken from the tree that day, clear and good in appearance; the comb was of various ages, apparently several years old, and, of this season's production. The patients ate indiscriminately (as they reported) of all parts, swallowing both comb and honey. The man who died, had eaten but moderately; some of the children partook freely and escaped entirely. The effects were not in proportion to the quantity; and I regret that it is uncertain whether they bore any relation to the new or old cells, as *they* are but the architectural arrangements of the material already prepared by vegetable secretion, and might perhaps with more certainty contain the poison than the honey, which may possibly be animalized and lose its virulence. The inflorescence of that locality was of the Kalmia Angustifolia, of which the quantity was great. Rhus-Toxicodendron, not so abundant, and a variety of vaccinum, known as poisonous to cattle, was quite profuse. Not any of the animals there, to the best of my information, bear a bad reputation. It is a curious inquiry in these cases, whether those who escaped owe it to idiosyncracy, or to not having eaten poisonous portions. It were almost too much to ascribe to a peculiarity of constitution; but when we consider the great quantity eaten by some of the party, producing only an acrid heat in the mouth and fauces, the certainty with which new honey will cause cholic in some, without affecting others, we are nearly constrained to the belief. A quantity of the article has been left with a chemical friend to analyze, and if the result prove interesting it may be hereafter reported.

Pemberton, Oct. 1852.

EDITORIAL.

The Approaching Annual Meeting.

It has been suggested to us from one or two sources, to call the attention of the profession throughout the state, to the fact that our Annual Meetings ought to sit longer than one day. By the time the delegates all get together, it is nearly noon; then a recess of at least an hour must be had to dine—and but a very short time left in the afternoon, before probably one half of the whole number present, feel that they must leave for home, because there is not enough of interest to induce them to remain till the following day. The President's Address is hurried over, and the Reports of Committees scarcely read, when the hour comes for adjournment. Ought it not to be differently? We present the suggestion to our readers for consideration.

Books Received.

We have received the following books, though too late to be noticed in this number—Neligan on Diseases of the skin—Wilson on Syphilis—Simon's General Pathology—Physicians Visiting List.

Proceedings of Medical Societies.

Most of the District Medical Societies hold their annual or semi-annual meetings at this season of the year, and we hope the Secretaries will furnish us with reports of the proceedings, together with any papers of interest that may have been read.

The Semi-Annual Meeting of the *District Medical Society for the County of Burlington*, was held at the house of Richard C. Humphreys, at Mount Holly, Oct. 19, 1852. Dr. Coleman, Pres't., in the Chair. Members present—Dr. Butler, V. P., Dr. Gauntt, Sec., Dr. Stratton, Dr. Heintzelman, Dr. Longstreet, Dr. Elwell, Dr. Young, Dr. Z. Read, Dr. A. Reid, Dr. Parrish.

The Minutes of the last meeting were read and adopted.

The Chorographical committee reported progress, and were continued.

Dr. Stratton proposed Dr. W. H. Worthington, of Mount Holly, for membership. Dr. Butler proposed Dr. W. L. Martin, of Rancocas, for membership.

Dr. Coleman, the President, read an essay on the poisoning effects of honey, illustrated by several cases.

The 10th Article of the Constitution which was proposed to be altered, was read, discussed, and amended as follows—

Article 10th of the Constitution shall read—The District Medical Society of Burlington County shall meet quarterly, viz: on the second Tuesday in April—second Tuesday in July—second Tuesday in October, and second Tuesday in January. The last shall be the Annual Meeting.

Dr. B. H. Stratton, one of the delegates appointed to attend the National Convention, at Richmond, Va., reported, that he experienced much pleasure in the discharge of that duty, and referred the society to the published reports for the full proceedings of the Convention.

The Vice-President, Dr. Butler, read an essay, for which the thanks of the Society were returned, with a desire to have it published—also, requesting him to continue the subject.

The following resolution was adopted:—

Resolved, That the delegation to represent this Society at the Annual Meeting of the State Medical Society, at Trenton, in January next, be a committee to present the subject of *Sanitary Reform* to the consideration of the Society.

Adjourned to meet on the second Tuesday in January, 1853.

F. Gauntt, Sec'y.

Mercer County Medical Society.—At the last quarterly meeting of the Mercer County Medical Society, held the 19th of October, Dr. J. B. Coleman read an essay on the "influence of the direct rays of the sun upon organized nature, and their effect upon health and disease." Dr. Woolverton read an article on "Alum, as a remedy in Croup," which occasioned considerable discussion. Dr. J. H. Phillips, of Pennington, produced a written synopsis of the common symptoms of Asiatic Cholera, with the treatment usually pursued. Cholera being the subject for conversation, at this meeting, much was said by the different members, and the conclusion, drawn from all that was advanced, was, that under all kinds of treatment, as far as statistics proved, the mortality is about the same. Dr. Clements, of Philadelphia, being present, was requested to take part in the discussion. His views were clearly expressed, and his deductions, derived from observation, and the practice of some very eminent physicians, corroborated the opinion, that a loose pathology had given rise to every mode of practice, and that results were nearly the same, in all cases, as each practitioner claimed for his particular plan, many cures, especially towards the end of the epidemic.

The subject proposed for conversation at the next meeting, was "Urinary deposits."

MISCELLANY.

Dr. Samuel Annan has resigned the chair of Theory and Practice in the Kentucky School of Medicine and Surgery, and is succeeded by Dr. Thomas D. Mitchell.

The Western Lancet, which is a very valuable and able advocate of unflinching professional integrity, and which recently in an editorial, very properly discountenanced the use of the term "Allopathy," for reasons which had been previously pointed out by one of our correspondents —contains a circular of several pages, headed "*The Practice of Allopathy*"! We notice too that several other journals contain the same circular. Does it *pay well?*

Dr. John A. Swett of the N. Y. Hospital, has, we learn from the N. Y. Medical Gazette, been appointed Professor of Clinical Medicine in the College of Physicians and Surgeons in that city. An important, and highly creditable appointment we should think, every way.

Prof. Valentine Mott of New York has been unanimously elected an Honorary Fellow of King and Queen's College of Physicians, in Dublin, Ireland. He is the only American upon whom this honor has been conferred by that College.

Dr. Stephen Smith of New York, gives us in the *New York Journal of Medicine*, for September, another valuable statistical article. It is on *Amputations at the hip joint.* Of 53 cases, mentioned as occurring in European continental practice, 20 recovered—of 34 occurring in British practice, 15 recovered,—and of 11 cases in American practice, eight recovered. The operation has been much more successful of late years than formerly. *All* the cases in which anæsthetics were employed were successful. Of the several methods of performing the operation, "that of the double flap has been much the most frequently practiced, formerly with internal and external, but latterly with anterior and posterior flaps. * * * * In all the successful cases, where the details of the operation have been given, this method has, with a single exception, been followed."

Yellow fever has been prevailing for some time, in Charleston, S. C., the deaths varying from 10 to 20 a day. It prevails also in New Orleans, and some of the other Southern cities.

Rochester, New York, having a population of 36,403, has been visited, during the past season, with an unusual amount of sickness. In the last six months the number of deaths has been 979, of which 454 were from Cholera!

OBITUARY.

Died—In Paterson, in this State, recently, *Charles G. Adams Jr., M. D.*, son of C. G. Adams, M. D., of Massachusetts.

—Recently in Germany, *Mr. Herbert Mayo*, author of several works principally on Physiology. He had of late years advocated the dogmas of mesmerism and hydropathy.

—In Edinburgh, on the 12th of May last, suddenly of disease of the heart, æt. 49 *William Thompson, M. D.*, Professor of Medicine in the University of Glasgow, and author of "A Treatise on Diseases of the Liver," &c.

—In Paris, recently, of pulmonary apoplexy, *Prof. Recamier* æt. 77.

ECLECTIC AND SUMMARY DEPARTMENT.

Thoughts on Chloroform, by C. R. Gilman, M. D., Professor of Obstetrics, &c., College of Physicians and Surgeons, New York.

If any apology is needed for him who attempts to interest the profession on the hackneyed theme of chloroform, it must be found in my case, in the deep feeling of responsibility which attaches to a public teacher, who is compelled by the results of his own experience to commend, and that earnestly, to his pupils, and thus, according to the measure of his influence, to extend the use of this agent, and yet can hardly open a medical periodical without learning that another and another and another life has been sacrificed to such use.

Is it to be expected—is it to be desired that such an one should turn from these harrowing narratives, and, satisfied that he has had no direct personal share in such horrors, dismiss the subject from his thoughts? Is not such an one to be pardoned if over zeal induce him to be "instant in season and out of season" in his efforts to prevent such deeds of death? Yet, how prevent them? Shall we banish anæsthetics from our materia medica—proscribe their use? Plainly, this is impossible.—We cannot and *will not* give up the use of an agent which in our hands relieves suffering, cures disease, saves life—as we know chloroform does—because other men abuse it. Nobody expects us to do this with the forceps; and yet how often is health, and even life sacrificed by the careless abuse of the forceps! We must continue, then, to use, and those of us who are public teachers must continue to commend them. This, in the lecture room, is easy. There is no difficulty in *there* teaching the use, and guarding against the abuse of anæsthetics: the rules are well settled. But who can assure us that, be we ever so careful, be our commendations ever so guarded, our influence may not be for evil in this matter? Even among our hearers, some may remember the commendation, and forget the cautions; and if the story chance to pass from mouth to mouth, what chance is there that more will be repeated than that Doctor this or Professor that recommended chloroform? Such are the reflections that have induced me to ask a place in your journal for a few thoughts on chloroform.

I shall say nothing in detail in favor of the practice, and therefore, perhaps, ought to premise that my confidence in its powers is undiminished, the number of cases in which I use it enlarges every day. Thus much for the bright, but my present business is with the dark side of the picture. First, then, let me state very briefly a case, which, as I suppose, throws some light on the varying degree in which it operates on different individuals. Mrs. J. was taken in labor early in the morning, January 17, 1852,—the child was born in a few hours, but almost immediately afterward the patient had severe convulsions. She was freely bled, had an enema, cold to the head, &c. I saw her, in consultation, about three hours after the first fit; the convulsions were slight, patient very restless, consciousness *nul.* I thought it a case for chloroform, and the drug was sent for. During the absence of the messenger, a more careful examination of the pulse convinced me that she would bear more bleeding—the pulse, as I had anticipated rose, and more than two pints were taken. Just as we were bandaging the arm, the chloroform was received, and at once administered. I gave it cautiously, my finger on the pulse, with no attempt to overwhelm the sensibility—a thing I never do; yet, when the patient had taken four deep inspirations, the pulse fluttered—staggered—stopped. A dash of cold water, a few puffs in the face, and she gasped, her pulse staggered on—became regular, and all was well. Here the frightful symptoms were doubtless owing to the rapid absorption of the chloroform, consequent upon the profuse bleeding—the empty vessels were "*all agape,*" and every particle of chloroform was eagerly caught up. This influence of blood-letting in absorption is well known, yet I do not remember to have seen it alluded to in this connection. Its obvious importance will strike every one. It should lead the obstetrician to double caution in the use of anæsthetics where flooding has occurred, and the surgeon, in all bloody operations; especially if these latter are protracted, absorption will be rapid, and danger proportionably great.

Thus much for a particular point; now let me offer a few suggestions on the great end and aim of this paper: How to diminish the danger. And, in the first place, let me urge on all who have not practical familiarity with the course and symptoms of anesthesia, to use ether—sulphuric ether, I mean, for I verily believe that chloric ether is worse than chloroform; it is more likely to be used freely, i. e., carelessly; and thus used, *it will kill.* Use then sulphuric ether till you are at home in anesthetics, yet, even then, beware lest this advantage lead you to carelessness with chloroform—*carelessness is death.* But it is not beginners only who should prefer ether.—The state of the patient may render one or the other preferable.

Without going into detail, I should say that exhaustion and prostration call for ether—great nervous excitement and vascular activity, chloroform.

Now, as to the extent to which the drug should be carried. Here I find myself at issue with the great mass of the surgeons. They all—all at least of whose doings I am cognizant, carry anesthesia to the complete abolition of sensation. Is not this attempting too much? Never in natural labor, and very rarely in obstetric operations, do I go beyond a decided benumbing of sensibility. This may or may not be attended with loss of consciousness, for there is certainly no regular order of succession, or at least no invariable order observed. I have seen consciousness perfect and sensibility entirely gone, and *vice versa.* The rule then should be, go always beyond the stage of excitement; till this is passed nothing can be done; but as soon as it is passed, pause, and arrest the process always short of stertor.

Such I believe to be the true practice in obstetrics, and under it *no fatal case has occurred.*

Now, may not the surgeons profit by our good and their evil fortune, and stop short of the deep, dangerous state of anesthesia, into which they now plunge their patients? Something ought, nay, something *must* be done to prevent these ever recurring deaths from anesthesia; and it does seem to me that those who can guide and control surgical opinion, ought to be willing to sacrifice the advantages of complete insensibility, that others may not jeopardize life. It is very true that one who has very large experience may again and again crowd patients down into deep snoring anesthesia, and yet no harm come of it; but if he do it, the man of less knowledge and of narrower experience will do the same thing, and death to the patient and disgrace to the practitioner be the disastrous result.

There is another idea on this subject which presses upon my mind when I read those terrible cases, so strongly that I must give it utterance; and I hope that the thoughtful members of the profession, who feel as we all ought to feel, that nothing should be neglected that may by possibility free the skirts of the profession from the deep disgrace of these repeated deaths by chloroform, will not reject my proposition till they have well considered it. It is my deliberate opinion that, in every case of death from chloroform, the whole history of the case ought to be fully and impartially investigated by a Coroner's jury. I know and feel the objections to this course. I know that it may—nay, that it must fall occasionally with crushing force upon a brother practitioner, who may be entirely innocent of negligence or rashness—still I say it ought to be done. Let it fall where it may, the thing ought to be done. It will be a terror to evil doers, it will restrain the rash, it will punish the guilty; and that there has been fearful rashness and deep guilt in some of these cases, no man who has used chloroform often can doubt. If in every case the inexperienced would use ether; if, when chloroform was ventured on, a competent person had his fingers on the pulse, and his undivided attention fixed on the anesthetic state of the patient, who believes that the fatal cases would have occurred? *I do not!* If, then, these precautions are neglected, is not such neglect criminal? I believe it is, and that the profession owe it to themselves to have the question of guilt or innocence impartially investigated. The time will soon come, when, if we do nothing, the public will demand this in every case. It is better that the profession propose, than that they be hereafter forced to submit to such investigations.—*Medical Times.*

Milk Sickness. By I. S. Swan, M. D., of Henderson, Ky.—In relation to the origin of this disease, I have nothing to say—for the best of reasons, that I know nothing which is satisfactory on that point. The disease is readily recognized in localities where it is found, by the distressing and obstinate vomiting, in all acute cases, and an odor peculiar to those suffering from it. Chronic cases may be known by nausea, a sluggish state of the bowels, and an indisposition or inability to move about. The "Tires," so called by the people, I deem a very appropriate name for this form of the disease.

My present purpose is mainly to present to the readers of your valuable journal, a mode of *treatment* I have found almost invariably successful, after an experience of more than twenty years; in fact, I am not aware of any case in which it has failed. In acute cases, I give calomel in doses of ten to thirty grains, made into pills with soft bread, which are allowed to dry. This is followed in a few hours by a cup-full of an infusion of senna, containing epsom or glauber salts in solution, after each spell of vomiting. At the same time, a folded cloth, wet with water, should be applied to the throat, and also to the stomach, provided there is more than a natural heat of the epigastrium. If there is not, or the temperature is reduced, a mustard plaster may be more appropriate. Instead of the senna and salts, I sometimes use the Seidlitz powders, or a mixture of cream of tartar and jalap. I do not, however, attach any specific effect to these articles, beyond their purgative qualities, and they are preferred on account of the certainty of their operation. Stimulating enemeta are often useful in hastening purgation. In very severe cases the abdomen should be vesicated with cantharides, or irritated by some other effective means, for the purpose of allaying, in some measure, the vomiting. I have very rarely produced salivation, and when the result is to be apprehended, it may be prevented by exhibiting small portions of the supercarbonate of potash, or saleratus, which is generally found in every house.

In regard to the use of opium, I speak only to express my decided disapprobation of its use. The torpor of the liver, and stubborn constipation of the bowels, are aggravated by it, although it may sometimes tranquilize the stomach, and produce a little momentary relief in that way.

In chronic cases the treatment does not vary essentially. As a purgative, I generally use a pill of calomel, aloes and rhubarb, which I sometimes follow with a saline cathartic, for the purpose of hastening an evacuation of the bowels. In all cases I consider that the administration of a purgative is necessary, that will stimulate the liver to secretion, and evacuate the bowels freely; so as not only to restore the natural function, but, at the same time, to eliminate the noxious poison from the system. *Western Lancet.*

Three Cases of Tape Worm. By HENRY S. PATTERSON, M. D., Professor of Materia Medica and Therapeutics in Pennsylvania Medical College.

CASE I. *Successful use of Kwosso.*—Miss W., æt. 22 years, consulted me in March, 1851, with tape-worm. She had been in failing health for several months, with headache, languor, variable appetite, nausea, and abdominal pains, but had not sought medical advice. Having taken a dose of citrate of magnesia, she observed in her discharges something peculiar, which proved to be joints of tænium. As I was at that time expecting some kwosso from Europe, I postponed treatment until it should arrive. Early in April it came, and was administered during my absence from the city by my friend Dr. Gilbert. He gave the dose (ʒvj.) at once, the patient having fasted from the previous day. It excited some nausea but no vomiting. It was followed, in a few hours, by a dose of castor oil, which brought away a tape-worm several yards in length, but which unfortunately was not preserved for more minute examination. There can be no doubt, however, that the entire worm was expelled, as the patient rapidly convalesced, and has been in the enjoyment of uninterrupted health since that period.

CASE II. *Failure of Kwosso. Successful use of Pumpkin seeds.*—The subject of this case was for some time under my care, in consultation with my colleague, Dr. Darrach. I can aver that he was most thoroughly put through the entire routine of tape-worm remedies, before he left Philadelphia. He tells his own story so well, that I prefer to give the following extract from a letter announcing his restoration to health. "In the early part of January, 1836, I was rather suddenly attacked with what seemed to be an alarming diarrhœa, which continued for some weeks, resisting the usual remedies. My symptoms had been peculiar for some time previous to the attack. Indeed I had all the prominent symptoms of tænia as laid down in the books: viz., dizziness; occasional false vision; variable appetite; pain in the lumbar region; pain in the knee-joint; swelling of the abdomen; hesitancy of speech; restlessness in time of sleep; unusual drowsiness during the day; varying strength, being sometimes quite strong and then quite feeble. Somewhere about the middle of February of the same year I discharged, at a morning stool, about nine yards of the tænia. From that time onward, for six years, I was more or less under medical treatment continuously. I took vast quantities of the spts. turpentine, (once or twice two ounces at the dose,) also the malefern, calomel and jalap, and Jayne's vermifuge; and was several times under homœpathie treatment. I took also iodide of potassium, iodide of iron, decoction of pomegranate, and the 'kousso.' I discharged large quantities of the worm, but no head could be perceived. When the kousso failed, I began to despair of being cured at all, but my sister, Mrs. ——, sent me in December last two numbers of the Boston Medical and Surgical Journal, containing two several accounts of the cure of tænia by the use of pumpkin-seeds. Having previously abstained from usual food for a day, on the 10th of January last I took, at 8 o'clock in the morning, two ounces of the kernels of pumpkin seeds pulverized with two tablespoonfuls of white sugar, and commingled with a half pint of boiling water, making a very pleasant drink for a fasting man. I kept my bed, drinking frequently of cold water, and at 9½ o'clock I took an ounce of castor oil. At 10½ I drank a cup of hot black tea, and, in about two minutes, discharged about eight yards of the tape-worm, *with the head.* O, how I wept for joy that I was again a free man, after a servitude of six sad years to this awful complaint. Since then, I feel like a new being in a new world. My life had often been a weary burden, and yet I grew fleshy and looked healthful. For months in succession I had discharged the worm daily in pieces of six to eighteen inches, and also in gourd-seed form. I suppose that, without any over-estimate, I discharged during the six years of my affliction about *four hundred yards!* The remedy is very simple. Were I a practising physician I would never administer the turpentine for tape worm; I sometimes fear that I have experienced irretrievable harm to my kidneys from using it. There is virtue in pumpkin seeds, doctor, even if it be a *Yankee notion.*"

Case III. *Successful use of Xanthoxylon fraxineum.*—For the following curious case I am indebted to my friend Dr. Thomas J. Turner, of Port Richmond. J. R. æt. 41 years, is a workman in a chemical laboratory. In December 1847, whilst a private in the British army in Ireland, he first perceived that he was afflicted with tape-worm. He states that he passed fifteen to twenty joints at almost every stool for a time, and on several occasions as much as thirty feet at once. The surgeon of his regiment treated him with Ol. Terebinth. f. ℥j. every other day. He also took tin-powder, malefern root, and "every other article he ever heard of." He finally abandoned the hope of a radical cure. The symptoms most prominent was a sense of gnawing and beating at the epigastrium in the morning. He was obliged to eat before rising, as he otherwise became faint, and "had all sorts of queer feelings." His appetite was insatiable. While at Port Richmond in the autumn of last year, he was attacked with tertian intermittent fever, for which he was recommended to take an infusion of prickly ash bark in brandy, a popular domestic remedy. He digested an ounce of the bark in a pint of brandy, and drank the whole during the apyrexia. The result was a most copious diaphoresis, as usual, and also some purgation, bringing away the entire worm. He has remained perfectly well since.—*Medical Examiner.*

Cause of Idiocy in Massachusetts.—One of the Boston papers has the following paragraph:

"Dr. Howe has examined carefully almost the entire number of cases of idiocy known to exist in Massachusetts, and the result is that in all but four instances, he found the parents of these idiots were intemperate, addicted to sensual vices, scrofulous, predisposed to insanity, or had intermarried with blood relations."—*Boston Medical and Surgical Journal.*

Extraordinary Fecundity.—A Belgian paper states that a woman, thirty-three years of age, is now living at Liege, who affords an astonishing example of fecundity. She was lately confined of triplets, who are respectively her twenty-second, twenty-third, and twenty-fourth children. She has thus had, during nine years of married life, twenty-four children, all in good health, and of the female sex.—*London Lancet.*

Treatment of Uterine Debility. By ARIEL HUNTON, M. D.—I shall in this paper describe Uterine Debility, in a plain and familiar manner. The pathology is so Protean and complicated, that it is frequently difficult to determine where to commence operations. I have never met with a just description of the above disease, or series of diseases in any medical work; some of the symptoms may be well defined, and proper measures recommended, but nothing further.

It therefore having been a source of perplexity to me, I made its pathology and curative plan my study for years, and sought information of my senior professional friends, and gained valuable instruction from many. I have devised a plan of treatment, which, I trust, will be of service to the profession; it has proved useful to me or my patients for nearly thirty years, and occupied my mind nearly ten years, before my plan was matured.

If a lady with a pale, sallow countenance, of a peculiar aspect, which I shall not attempt to describe, but easily recognized by observation, consults me, I think her laboring under the disease in consideration, or of some of its complications. We usually examine the pulse, and whether we can *divine* any useful inference or not, we find it accelerated.

Active and passive, or acute and chronic inflammation, are terms of nice distinction, but must be used to convey ideas of disease, or abnormal pathology. I would interrogate my patient thus: Have you a pain in your back and bowels, through you, a heavy bearing down pain? Yes. Is there a heat in the bowels, in the genitals, and a tenderness in the vagina? Yes. Is there an intolerable itching within the labia? This is not a constant attendant. When you urinate, is there scalding and burning, with an insufferable anguish: the urine high colored, and the calls frequent and urgent? Yes. Are you troubled with the whites?

The examiner may if he pleases, use the terms leuchorrœa and pruritus, but they will require an explanation, and I am in the habit of using language which is intelligible to my patient. I would next ask her, if she had a faint, gone, or sinking sensation at the pit of the stomach, a distress; to which she will reply, that she usually does. Females afflicted with this disease, frequently have an irritation of the spine, upon which they may be consulted. There is frequently a tenderness and enlargement of the os and cervix uteri, and which cannot be ascertained but by an examination; the parts are usually found prolapsed, the os tender, and apparently studded with tubercles or tumours. All these ailments are not present in every case, there being occasionally others, the most frequent being a dragging pain between the ilii, and ribs, extending down to the groin or thigh. The heat of the vagina, uterus, &c., is communicated to the rectum, and costiveness is present as well as hemorrhoids; the first should be obviated by injections, if the liver is not implicated.

The nervous system is very sensitive, and from the heat and irritation of the genito-urinary organs, the urine is high colored and ichorous, the patient cannot retain it, being compelled to micturate frequently and with great distress; and before this has entirely subsided, nature calls again for some evacuation.

The cause of this disease in the majority of cases, is from puerperal women leaving their bed, and attending to domestic affairs too soon after confinement. The relaxed state of the vagina can be imagined, and there is nothing to prevent the womb from sliding into the passage, there to remain a source of irritation and pain. My directions to child-bed women are, uniformly, as soon as they are removed to bed to pin a towel or some substitute around the abdomen, to support the hips, bowels, and back, and as a preventive of the disease, by keeping the uterus in place; they are further directed to tighten the bandage as the abdomen subsides, wearing it at least three weeks, or until the restoration of the pristine vigor. Were these precautions strictly adhered to, they would greatly diminish the number of cases of uterine debility. Where there is no prominence of the abdomen, and the bandage affords no support to the bowels, I direct folds of linen to be laid on the abdomen and pubic region, and to sew straps on the lumbar portion of the bandage, bringing them under the perineum and pinning them over the pubis, with a wad of rags placed in the perineum, so that in the sitting posture the parts may derive proper support; or, one of the thousand-and-one supporters in vogue may be applied. There are other symptoms frequently present, the remedies for which will suggest themselves to the attentive practitioner.

The Remedies.—Although, in the affection under consideration there is febrile action, frequency of pulse, and irritation in the pelvis and neighboring parts, the extremities are usually cold, and the patient frequently requires her room to be heated above the healthy standard. The circulation must be equalized, and the nervous irritation or chronic inflammation abated, this is a *sine qua non*, a term I would not employ could I substitute a more appropriate one, for I do not wish to be pedantic. In all cases where we discover debility and a low quick pulse, a tonic is required and used by most practitioners, perhaps some vegetable stimulating bitters; and, how often have not several of my readers been foiled—your prescription made the patient worse, you are informed, the medicine could not be taken, and you have to regret that you did not understand the case.

Reduce the heat and irritation in the first place, if it require an antiphlogistic course. To equalize the circulation, and to direct the blood to the extremities, give an emetic of Lobelia, and the Nitro-muriatic acid bath for the hands and feet. As an evacuant, soothing and cooling injections per anum et vaginam; if the liver is gorged, colomel or blue pill according to circumstances. The next class of remedies is refrigerating diuretics, such as Rad. Asclepias Syriaca, or Gum arabic, with one scruple of Nit. Pot., to the half pound of the infusion or solution, a wine glassful every hour, or half hour, or in such other quantity as the stomach will bear, and to be continued until the strangury is removed, and the urine becomes limpid. Dissolve half a drachm of Nit. Potas. in one pint of water, wet several thicknesses of cloth in this solution, and apply them to the pubic region, this will aid much in reducing the heat and irritation in the pelvis. Some nervine or narcotic, or both may be given to assist in quieting the nervous irritation, and prepare the system for a tonic course. As a nervine, I use the Clematis Virginica in infusion, which is a good substitute for foreign drugs, and I am particularly fond of indigenous remedies. To correct the tenderness of the vagina and os uteri, I use an ointment composed of narcotic and mucilaginous vegetables known as the "Kittredge Ointment;" it relieves promptly, and I would give the formula if desired by the profession.

When the heat and irritation are removed or partially so, commence the exhibition of tonics of the least stimulating nature possible; some of the preparations of iron are my hobby. I use a preparation similar to Griffith's myrrh mixture, rejecting the stimulant:—

R. Sulphas Ferri,
Carbonas Potassæ, } aa℥ss;
Gum Myrrhæ,
Aquæ, ℥xvj. M

A small teaspoonful to be taken in milk or sweetened water, three times a day, increasing the dose as the system will tolerate the medicine. The best remedy I am acquainted with for the sinking sensation, or as some would express it, "as if the bottom of the stomach had dropped out," a symptom that perplexed me for years, and which can be removed by a saturated tincture of the Pinus nigra in fifty per cent alcohol; take a spoonful of sugar, and drop on it sufficient of the tincture to moisten it, and to be taken three times a day, or at any time when the sensation is present.

The pain in the hypochondriac and lumbar regions may be promptly removed by the Tincture of Iodine, with the addition of Camphor or Capsicum as a wash, the part to be kept bathed with it until a sessation of heat is produced; and it will in a measure alleviate any pain when no inflammation is present. The leucorrhœa is to be treated with astringent injections; the pruritus can be relieved in a short time by wetting cotton in a solution of Borate of Soda, and applying it within the labia; if these parts are examined, they will be found covered with a thrush, the sensation of which is highly disagreeable. Where the uterus is much prolapsed, I have occasionally derived some benefit by the use of a pessary, but have not that exalted opinion of the instrument some writers have. After the above course has been pursued for some time, and the heat and irritation have been subdued, the vegetable tonics may be used with advantage.

I have pursued the above plan of treatment for thirty years with good success, though I cannot say that it will prove the same in other hands. If any one derives benefit from my suggestions, I shall deem myself amply remunerated for my labor.—*Northern Lancet*, 1851.

Extent of Professional Obligations.—By the following report of a case recently before the public in England, we gain an idea of the views of the people of that country in regard to the responsibility attached to one class of professional duties, which it may be proper to have defined in the United States.

"Mr. Bourne, a surgeon practising at Wellon, near Bath, was tried at Wells Assizes for the manslaughter of Ann Noakes, who died, on the 21st of June, in consequence of excessive hæmorrhage after a very difficult delivery. The case was one of "arm presentation." Mr. Bourne was called in because the poor woman had not an order on the parish-doctor; he attended her for nine hours, but left the house at four in the morning, to go to the assistance of a farmer's wife named Parker, to whom he was engaged. The cardinal point of the trial was, practically, the question whether Mr. Bourne was justified in leaving Ann Noakes in the hands of midwives at a critical stage of her trouble. Before he departed, however, he told the women that they must instantly send for Mr. Marsh, the parish-doctor. Mr. Marsh lived six miles distant, and could not reach Wellon until six o'clock; thus leaving her in great danger for two hours. Mr. Marsh accomplished the delivery with instruments, and the woman died with excessive hœmorrhage. Evidence was taken to show that Mrs. Parker, the woman to attend whom Mr. Bourne left Ann Noakes, was in great danger; and it was shown that although Mrs. Parker was delivered at half-past four, Mr. Bourne was obliged to remain with her until half-past six. Two medical men were examined upon the point, as to whether it was dangerous to leave the patient for an hour; and both decided that by all ordinary calculations it was not. One thought that a surgeon ought *not* to leave one patient whose life was in danger, to attend another to whom he was engaged. They also thought that a patient ought not to be removed for less than one hour after delivery. Some evidence was brought to show that Mr. Bourne was a kind man and well spoken of by the poor. The Jury returned a a verdict of 'Not guilty,' and the audience applauded."—*Boston Med. and Surg. Journal.*

On the Diagnosis of Fractured Ribs. By John Hilton, Esq., F.R.S. —*Lancet, March* 13, 1852.—[The following simple rules for diagnosis in cases of suspected fracture of the ribs, occur in a clinical lecture upon the subject, delivered at Guy's Hospital. In such cases, Mr. Hilton observes:]

1. There may be external ecchymosis, but this symptom may he entirely absent. 2. Sharp pain in a determinate locality on full inspiration; this pain is sometimes intense, and the constancy with which it is met with in different cases gives much importance to the symptom. The pain is caused by the compression of the intercostal nerve at the ends of the fractured rib on a strong inspiration, ordinary breathing giving little or no uneasiness; according as the direction of the fracture leads to the compression of the nerve, or to no such structural complication, so will there be more or less pain. Hence the reason why some patients suffer a great deal, and others but little pain. This association of pain is not peculiar to rib fractures. The same thing occurs in fracture of the anatomical neck of the humerus, which lesion may and does frequently cause compression and irritation of the circumflex nerve; the latter being forcibly caught or drawn between the fractured ends of the bone, produces intense pain at the part. 3. By placing your hand upon the sternum, you may feel crepitation as the breathing goes on—nay, the patient sometimes hears and feels it himself. 4. Great tenderness over a certain suspected spot is a sympton upon which great reliance cannot be placed. It is better to press forcibly upon one rib after the other near the sternum, during inspiration, from above downwards. With some attention you will thus be able to detect the broken rib by resisting the elevation of its sternal end whilst its vertebral extremity is in motion, and a further examination of the individual rib discovers the exact seat of the fracture. 5. You may be much assisted in your diagnosis by using auscultation, either with the stethoscope or the naked ear; the fine grating of the bones may sometimes be distinctly heard in this manner.

But, if in spite of careful examination, you cannot find any or all these symptoms, remember that it is far better to treat obscure and doubtful cases as if fracture of the ribs had been detected; you will err, if at all, on the safe side, and the therapeutical means necessary are so simple that you cannot possibly do your patient any harm.—*Ranking's Abstract.*

Treatment of Un-united Fracture of the Patella. By M. BONNET.—*Revue Mèdico-Chirurgical, Nov.* 1851.—Fractures of the patella sometimes fail in becoming consolidated, but are united by ligamentous tissue, which is incompetent to sustain the necessary movements of the knee-joint. A case of this kind is recorded by M. Bonnet, in which he obtained bony union by a peculiar process, which, together with section of the triceps muscle, is thus narrated:

The subject of this case was a vigorous man, aged 44, who had been treated for fracture of the patella in the usual manner, without inducing consolidation. He therefore entered the Hotel Dieu of Lyons, under the care of M. Bonnet, who considered that some amelioration, at least might be accomplished by section of the triceps, and after scarifying the ends of the bones, keeping them in contact by clamps, as suggested by M. Malgaigne.

Accordingly, M. Bonnet commenced by subcutaneous section of the triceps, a few lines above the upper fragment. This allowed the descent of the fragment, which, together with the lower portion of the bone, was scarified by two other subcutaneous punctures; and the limb was then put in appropriate splints, with the heel elevated. For the first few days there was some swelling of the joint; but the inflamation speedily subsided, and M. Bonnet proceeded to complete the operation by inserting small screws into each fragment, and causing these to be brought together, and retained in apposition by waxed thread. The screws are said to have remained forty days without producing any other unpleasant effects than some hydrarthorosis. The result was highly satisfactory, the fragments being brought nearly into apposition, and the uniting tissue being sufficiently resisting to allow of active use of the limb.—*Ranking's Abstract.*

On Diarrhœa of Infancy. By Dr. KUNZMANN.—*London Journal of Medicine, March,* 1852.—Dr. Kunzmann, of Löwenburg, in an article published in the "Journal für Kinderkrankheiten," for September and October 1851, states that he has arrived at the following conclusions:—

1. Cases of diarrhœa in children are to be divided into *sporadic* and *epidemic.*

2. Sporadic diarrhœa arises from various causes, chiefly from such as give rise to irritation or inflammation of some part of the mucous membrane of the intestinal canal.

3. The treatment of sporadic diarrhœa depends on the causes, which must be removed, on the amount of inflammation present, and on the amount of exhaustion which the child has suffered. Special rules cannot be laid down, as the cases vary much; and it will depend much on the sagacity of the physician to determine whether he is to use emetics or purgatives; leeches or fomentations; natural salts or emulsives; astringents, stimulants, or opiates.

4. Epidemic diarrhœa in children occurs under two principal forms—dysenteric (enterocolitis, enteritis) and choleriform, (*diarrhœa choleraformis, cholera infantum.*) Less marked cases sometimes occur, and sometimes appear as mild as diarrhœa, sometimes as mild gastro-enteritis or colitis, sometimes as diarrhœa with typhoid symptoms.

The treatment of these epidemic forms must be much more decided than that of the sporadic, inasmuch as the type is more strongly defined.

Dr. Kunzmann has had opportunities of witnessing an epidemic of each form of diarrhœa—the dysenteric and the choleroid; and he describes the symptoms which he observed in each form; these, however, will be understood from the designations. The dysenteric form attacked children from three years old to ten; the choleroid, children from five months to ten years.

Treatment.—In the dysenteric diarrhœa, Dr. Kunzmann found no indications for bloodletting; not even where there was active fever, great tenderness of the abdomen, severe colic, and tenesmus, did he deem it proper or advantageous to apply leeches. In very severe tenesmus, he used clysters, first of lukewarm water, then of cold water. As an internal remedy, he gave at first small doses of castor-oil; and, when there was very active fever, hot skin, and very severe pain in the abdomen, he alternated this with small doses of calomel, with carbonate of magnesia and gum. When the inflammation has somewhat lessened, and when the skin was cooler and the dejections less copious, he found carbonate of magnesia, with bismuth and charcoal, very useful. To a child from three to five years old, he gave gr. j or gr. ij of bismuth, gr. iv or gr. v of carbonate of magnesia, and the same quantity of charcoal of poplar wood every three or four hours. Sponges dipped in cold water were also applied to the anal region. With these remedies, he obtained favorable results.

In the choleriform diarrhœa, observed last summer, the treatment was more difficult. Sometimes the vomiting was so violent, and the children collapsed so rapidly, that there was no time for medicine. Happily, these cases were the exceptions. When the tongue was loaded, and there appeared to be a bad taste in the mouth, emetics of ipecacuanha with oxymel of squills were very useful. In other cases Dr. Kunzmann gave moderate doses of carbonate of soda: and he has a very high opinion of this remedy. The inclination to vomit diminished, and entirely disappeared; and the dejections became feculent. After the vomiting had ceased, fever often supervened, with evening exacerbations. The carbonate of soda was still continued; but, in the intervals, disulphate of quinine or tincture of cinchona was administered. Dr Kunzmann gave this, because he believed the disease to be traceable to a malaria; and the results corresponded with his expectations.—*Ranking's Abstract.*

On Uterine Hemorrhage. By George King, Esq., Bath.—*Prov. Med. and Surg. Journal,* March 31, 1852.—The object of this communication is to direct attention to *internal* uterine hemorrhage, and to bring to notice a few cases that have recently occurred in the author's own practice. This passive or insidious hemorrhage going on within the cavity of the uterus, whether during pregnancy, at the time of labour, or after the contents of the uterus were expelled, does not seem to have attracted that notice in the practice of midwifery that its importance deserves. That distinguished obstetric physician, Dr. Baudelocque, some years since published a pamphlet, entitled "Traité des Hæmorrhagics Internes de l'Uterus," and the cases related by him of concealed hemorrhage are highly interesting and well worth consulting. The author has not met with any other work entirely on the subject. In internal hemorrhage we do not meet with those frightful appearances or terrific floodings—gushing out the vital fluid until stopped by syncope, or nature refuses to supply more—and in this alarming condition it is well known that there is no time for reflection, consideration, or consultation; all our skill and moral courage are at once suddenly taxed, and we must instantly act. Still internal uterine hemorrhage is equally dangerous, requiring all our attention and the most prompt and energetic treatment; and although it may proceed slowly and unobserved, its effects are, nevertheless, often fatal to mother and child, the latter generally. There may be no external sign of mischief going on, and its effects on the constitution are not known until repeated faintings take place, the patient becomes exhausted, and the pulse almost extinct. For these distressing and troublesome cases our remedies are but few, and our controlling means very limited. Dr. Blundell remarks, in one of his lectures on this subject: "That it is of rare occurrence, and in the present condition of our knowledge scarcely admits of a remedy." This statement was made some years since, and there has not been any improvement in this branch of our practice. The use of bandages and pressure is more practised now than it was at the time the Doctor's lectures were published, but the author has no confidence in them. He believes in internal hemorrhage this kind of treatment does more harm than good.

The following plan of applying pressure in cases of internal or external hemorrhage is recommeneed in a recent volume of the "Lancet."—"The accoucheur is directed to take three or four octavo volumes, and wrap them up together in a towel, then lay them longitudinally over the rectus muscles, and place a half hundred weight upon them." Should there be any blood left in the uterus or pelvis, when these weighty measures are applied, this certainly is a good way of pressing it out, and not unlikely to extinguish life too! While all this preparation is going on, or as the patient sinks, no doubt the flooding stops. The author believes a bandage is a great support to the muscles of the abdomen after labour, and is no doubt a great comfort to the patient, and it will also tend to keep down the uterus within the pelvic cavity, but his opinion is that it has but little effect in restraining or stopping the discharge. Pressure by the hand in order to secure the contraction of the uterus immediately after the delivery, is very useful, and should be done.

The only medical remedies that the author knows of are tincture of opium and the secale cornutum; and mild aperients should be occasionally given, to keep the intestinal canal emptied, to prevent any irritation of the uterus from that quarter. Cold water is also a most valuable remedy in all cases of uterine hemorrhage. If internal uterine hemorrhage should occur at an early period of pregnancy—say within the second and third month—it may be restrained by tincture of opium, the recumbent position, and rest of the mind as well as of the body. At a later period, nothing but the removal of the contents of the uterus—no other treatment can be depended upon—will stop it; and this should be done early, before the system becomes affected by the great loss of blood. This operation is, he observes, often delayed too long. Nothing is to be gained in these cases by waiting, as, in all cases, we may be pretty sure the child is dead; and the mother may follow, if we are not very prompt and active in our movements. The only means available for removing the contents of the uterus at this period of gestation is a small hand and the blunt hook. In the last month or during parturition, ergot is the only medicine to be relied on. This is a powerful auxiliary to the uterine pains; but the author thinks that it does not seem to act on the uterus until the liquor amnii, or part of it, is discharged; and he does not expect it would have any influenoe on a uterus distended by internal hemorrhage. The secale cornutum seems only to be capable of stimulating the action of the uterus, not exciting it. When the expulsive power of the uterus has been set in motion from natural causes the ergot possesses the peculiar property of helping it. The last and most frightful, as well as troublesome to the accoucheur and dangerous to the patient, is internal uterine hemorrhage after delivery. The only contracting power in this case is cold water. This produces contraction of the mouth of the bloodvessels that are open, pouring out their contents into the cavity of the uterus. The sudden application of this simple but most valuable remedy, and the shock to the system produced by it, is no doubt the cause of hemorrhage ceasing; but much of the efficiency of this powerful agent in these urgent cases, is in the mode of applying it. It is not enough to put up a cold napkin in the usual manner, wet with water that has lain a long time in a cold bed-room. The water should be procured immediately from the pump or spring, and the napkins saturated with this, and *spread* over the pubes and the whole hypogastric region, and removed and *fresh* ones applied every *two* minutes, till we are sure the hemorrhage is checked. The repeated shocks produced by this rapid removal of the napkin produce the most salutary effects in these perplexing cases; and while we are trying or looking for more complicated remedies the patient may go off in a fatal syncope. The following cases illustrate and explain some of the circumstances connected with internal uterine hemorrhage:—

CASE I.—On Saturday morning, September 21st, about four o'clock, I was called up to Mrs. H—, who had engaged me to attend her with her first child. On my arrival she said she had got better, and I was not wanted. I found that she had been roused from her sleep by flooding, which greatly alarmed her; but she was in no pain. She had arrived at the full period of gestation. I satisfied myself that the discharge had stopped, ordered her an anodyne draught, and left her, with directions that I was to be sent for if the flooding should return before I called. At twelve o'clock I saw her again. There had been no return of the discharge; but the nurse told me her mistress was 'rather queerish,' and she thought I should soon be wanted. About three o'clock, P. M., I was sent for in a hurry, and found the pains coming on regularly, but seemed unusually faint and weak. On examination I found the os uteri dilating, about the size of a crown piece, and the head presenting. With the next pain I ruptured the membranes. There was not a great deal of water (liquor amnii) discharged. In about two hours after, a very fine dead child was born. From its appearance I should say it had not been dead long, as it was exsanguious and flabby, clearly proving that it had suffered from the hemorrhage, although the mother was a strong robust young woman. She was very faint for some time after the delivery. There was not the slightest hemorrhage during the labour. The placenta was expelled without any assistance on my part, about five minutes after the child; but before it was a large, tough, coagulated mass, as big as the child's head, the produce, no doubt, of the insidious internal hemorrhage. The patient had but little discharge afterwards, and did well.

CASE II.—The same evening, about eight o'clock, I was requested to call on Mrs. R—, who was in the eighth month with her first child. She had been out to tea, and on her return home she felt herself sick, and thought that the green tea which she had drank did not agree with her. She retired to her bed-room: and in the act of throwing up her tea, the waters broke, and rather a large quantity was discharged, with slight pain in the back. For these pains in the back I had been consulted some days before; but I did not prescribe for them. On examination, I found no signs of labour. The uterus was very high up and difficult to get at. The os uteri was not at all dilated. She was frightened and restless. I gave her twenty-five drops of tincture of opium. About twelve o'clock she became more tranquil, and I left her. At five o'clock in the morning I was called up. On my arrival the child was born. It was very small, and quite blanched. There did not appear to be a drop of blood in it. On dividing the cord, not a drop escaped. I had some difficulty with the afterbirth. Before it came away I had to remove from the vagina a hard black mass, which turned out to be layers of coagulated blood, which I have no doubt had been accumulating from the first time I was consulted about the pains in the back. This patient also got about very well, with the exception of the milk being rather troublesome. It is very clear that in both these cases the internal hemorrhage was fatal to the child; and from the exsanguious appearance of the bodies, it must have been from the placenta, and not from the vessels of the uterus, perhaps towards the insertion of the cord into the placenta. Had I ruptured the membranes at my first visit, in the first case, the child might, I believe, have been saved, as the effusion appeared to be recent; but there was then no symptom to demand such treatment; and it would, I think, have been considered bad practice."—*Ranking's Abstract.*

On the Anemia of Pregnant Females. By Geo. Martin, M. D., of Delaware County, Penn. (Read before the Delaware County Medical Society.)—Every obstetrical writer mentions plethora connected with pregnancy as the source of some of those diseases, which, when they occur, so often compromise the safety of both mother and child.

Much has been said about it, and so little about anemia, that it has been, and is yet considered by some practitioners as the almost constant complication of pregnancy. The bare announcement of a poor woman being pregnant, has been to them clear evidence that she was plethoric, and a sufficient warrant for the use of the lancet; and to so great an extent has this been carried, that many females, even at the present day, think they cannot be delivered of a healthy child, and themselves do well, if they have not been bled once or twice before the pains of parturition come on. Moreover, the physician who has been called upon to perform the operation, if he should chance to think differently, and have the hardihood to stand by his opinion, will find, in the event of a misfortune occurring either to the mother or child, that the blame will rest upon his shoulders; and there will be persons, and those not a few, who will not hesitate to tell him that the result would have been otherwise if he had not refused to bleed.

Now this is certainly wrong; for, though no one will deny that plethora does exist in some instances, yet it does so much more rarely than anemia; and I shall here endeavor to show that most of these cases in which bleeding is resorted to, arise from an impoverished blood, and that the use of tonics and even of the chalybeates would be followed by the happiest results.

Are the nausea, vomiting, and depraved appetite that are so common, and occupy so large a portion of gestation, symptoms to lead to suspicion of danger from an over supply of nutriment? On the contrary, if such derangements of the digestive apparatus were met with at any other time, would we not immediately try to relieve them, for fear that debility, emaciation, and even death might ensue? All medical experience points to such a course; and why should not the same in one case as well as the other. There surely is nothing mysterious hanging over the pregnant female that will reverse all our known laws of the animal economy.

It has been said that the stoppage of the menstrual secretion counterracts these influences, and produces the supposed plethora; but this can hardly be, for the amount of nutriment drawn from the blood in forming a highly organized living being weighing from seven to eight pounds, with two or three more of appendages, must far exceed the amount required for nine catamenial periods.

The symptoms calling for depletion, as they are commonly described, are headache, vertigo, flushes of heat, depression of spirits, a full, frequent pulse, a feeling of fullness and pain in the pelvic region, and a tendency to hemorrhages in various parts of the body. Now it will be easy to show that many of these are often produced by anemia; and though bleeding may relieve some of them for a time, they will be sure speedily to return, as the remedy only aggravated that condition of the circulating fluid in which they originated; and to this may be attributed that necessity of a frequent resort to the lancet which many practitioners will tell us they have found. Anemia also has a strong tendency to derange the circulation; for when the blood is in this condition, it does not carry with it that stimulus which is necessary to excite the capillaries to do their part, and congestion will frequently ensue.

The nervous excitability, too, is greatly increased by this condition of the system, and this is the common cause of simple neuralgia, which it may produce in two ways: first, by its not being stimulating enough to the nervous centres to maintain a healthy action in them; and secondly, by its not affording the different organs a proper amount of good plasma to keep them in a healthy condition, and they demand through the nervous system a better supply. This also is the reason of that frequent, easily excitable, and sometimes full pulse which is often met with in pregnancy and anemia; for the heart here, in endeavoring to answer the demands made upon it, acts much more rapidly than it does in health, and as these wants are augmented in proportion to the amount of labor performed, we shall find that the least exertion will be followed by a great increase in the number of pulsations. During gestation, this excitability is manifested to a great degree, though in this case it is not to be attributed solely to the impoverished blood, for the nervous disturbances created by the changes wrought in the womb after conception tend considerably to increase it.

If we investigate the manner in which the above symptoms are produced, we shall find when they may be considered as evidences of plethora and when not. To begin, we will take the pain in the head, which, when not sympathetic with some other disorder, often arises from neuralgia, sometimes from congestion, at others from irritation, and occasionally from inflammation. Now, I have before stated that anemia is the common cause of neuralgia, and I have shown that it strongly predisposes to congestion, which will be liable to take place whenever there is any excitement or irritation of the brain; and this may occur in any condition of the system. Yet, the result will be very different in the two cases; for when plethora exists, we shall have inflammation immediately following the congestion; whereas, in anemia, it may exist for some time without it. And this is very true in pregnancy; for here we sometimes have it lasting for weeks; producing much suffering, and at times followed by the most disastrous results, without our being able in many cases, to discover a symptom of inflammation during life, or a trace of it after death; and when it does occur, it will generally be found to have arisen from some direct injury which the overloaded vessels have inflicted upon the tissue of the organ. Vertigo generally arises from it, as does also the disposition to hemorrhages, when they do not occur from the vitiated blood relaxing the vessels, and thereby obtaining a free exit; and the sense of pain and fulness in the pelvic region must be attributed to the same cause affecting the womb.

The flushes of heat and other nervous symptoms not unfrequently met with, proceed from the excitability before treated of as arising from a deficient plasma; and as this must necessarily have a great influence over the moral functions, too, it will account for that depression of spirits so common in gestation.

From the foregoing facts, it will require no force to arrive at the conclusion that the symptoms of anemia greatly preponderate in the above; and to them I shall add a few others, which will serve to place the subject in a still clearer light. Thus, the face often appears somewhat bloated and discolored, the blood, when drawn, frequently presents the buffy coat without there being the least evidence of inflammation existing at the time; the carotids throb, and at times even a partial loss of vision ensues. Now, these are all known as symptoms of anemia; and the latter has been frequently produced by an extensive hemorrhage. In an analysis of the blood by Andral and Gavarret (for the account of which I am indebted to Caseaux's work on Midwifery,) 82 cases out of 84 were found, in which the globules were below the healthy mean, in 6 of which they ranged from 120 to 125, and in 26 from 95 to 120; they also found for the first six months the fibrine in the 34 cases was uniformly below the natural quantity, varying from 1.9 to 2.9; while during the last three months it exceeded it, ranging from 2.9 to 4.8, and averaging nearly 4;

this, therefore, gives the true reason for the buffy coat; and we here have 32 cases out of 34 in which anemia was proved to exist.

The treatment of this affection should, of course, consist of tonics, the best of which are the ferruginous preparations, a nutritious diet, fresh air, and moderate exercise; the nervous symptoms, when excessive, should be allayed by the antispasmodics and opiates; and when congestion occurs, it will generally be speedily relieved by cold applications to the part, counter-irritants and rest, with a little aperient medicine if the bowels should be constipated; and perhaps it may not be out of place to mention here, that when the brain is the seat of engorgement, the best mode of applying the cold to it will be by pouring water of a low temperature in a steady stream upon the head, care being taken to watch the patient, that she be not too much prostrated thereby. It would be easy to cite numerous instances in which the above treatment has relieved headache, vertigo, and even convulsions, in some of which after depletion had been fairly tried and failed; but I trust enough has been said to show the real character of the complaint, and with a few words upon the injuries that a false diagnosis may inflict upon the child, I shall bring this subject to a close.

It is an acknowledged fact, that tubercles and scrofula often originate in a depraved condition of the system, and as the vital organs of the fœtus at the time of their formation are undoubtedly in their most delicate condition, and very susceptible of change, may not the imperfect plasma, which is all the parent can furnish out of her impoverished blood, lay the foundation for these diseases, which only wait for some exciting cause to call them into action? And if this is the case, how highly important it is, both to the mother and her offspring, that the true nature of the affection be clearly understood, and the proper remedies at once applied. —*Am. Journal of Med. Sciences.*

Test for the presence of Mercury.—If a strong solution of iodide of potassium be added to a minute portion of any of the salts of mercury, placed on a sheet of bright copper, a white metallic silvery stain will be developed, which cannot be mistaken, as no other metal presenting a similar appearance is deposited by the same means. In this way corrosive sublimate may be detected, in a solution unaffected by potash or iodide of potassium. In a mixture of colomel and sugar, in the proportion of one of the former to two hundred of the latter, a distinct metallic stain will be detected with one grain of this mixture, containing but 1-200 of its weight of calomel, and the binoxide of mercury can be thus detected, if mixed with 400 times its weight of sugar. This valuable test we owe to Mr. Arthur Morgan.—*London Jour. of Med. &c., from Annals of Pharmacy.*

American Medical Association—At a Meeting of the Association held at Richmond, Va. May, 1852, the undersigned were appointed a Committee to receive voluntary communications on medical subjects, and to award two prizes of $100 each to the authors of the best two essays.

Each communication must be accompanied by a sealed packet, containing the name of the author, which will be opened only in the case of the successful competitors. Unsuccessful communications will be returned on application, after the 1st of June, 1853.

Communications must be addressed (post-paid) to the Chairman of the Committee, Dr. Joseph M. Smith, 56 Bleecker street, New York, on or before the 20th ef March, 1853.

JOSEPH M. SMITH, M. D.,
JOHN A. SWETT, M. D.,
W. PARKER, M. D.,
GURDON BUCK, M. D.,
ALFRED C. POST, M. D.,

New York, Sept. 17, 1852.

Editors of Medical journals in the United States are respectfully requested to copy the above.

Ink for the Million. To the Editor of the American Journal of Pharmacy:—The following formula for making a *very superior* ink is not generally known. The facility of its preparation, and its almost incredible cheapness (about two cents a gallon,) render it worthy a place in your Journal.

℞ 12 oz. avoird. Ext. Logwood
¼ oz. " Bichromate Potash
5 gallons water;

Dissolve the ingredients separately in water and mix them together, in a short time the ink will be fit for use.

An analysis of the above would be very desirable.

As an instance of the very great coloring property of hæmatoxylon, I have found that 1-100th of a grain dissolved in 4,000,000 times that quantity of water, will be tinged a fine pink color by the addition of a little aqua ammonia.

Yours truly,

Philadelphia, Sept. 13, 1852. W. H. PILE.

The excitement attending the Presidential and State Elections,—which occur about the time the Reporter should be mailed,—together with the unusual demand created by that excitement on the time and labor of the printers, must be our apology for appearing two or three days behind time.

PUBLISHER.

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Hints on Physical Education. By JAMES H. STUART, M. D.

No. 4. Conclusion.

MEN frequently display great want of forethought in their choice of a profession. Many a one, of delicate frame and moderate intellect, whose health would have been roughened and invigorated by the active life of a farmer, and whose abilities would have insured him the respect and secured him the love of his neighbors, has lamentably mistaken his calling. Kind friends, fearful of losing the "Genius" of the family among "rough clodhoppers;"—an anxious mother, afraid to allow her pet to suffer the *discomforts* of such a life, and unreflective of the greater hardships of a profession;—or, mayhap, his own misdirected ambition, have urged him on, and he has sought the ranks of learned men merely to languish out a few brief years of misery. Many such have perished even before completing their studies, particularly in our profession.

Others, evidently, from their robust persons and slender intellect, *created* for coal-heavers, wood-sawyers, porters, &c., have, equally misguided, foully cheated those serviceable avocations of their valuable assistance, warred with their destiny, pushed themselves into a profession, and helped to swell the number of those unmitigated blockheads whose dummheit brings Physic, Law, and even Divinity itself into disrepute. The professions have ruined many a noble laborer, scavenger, or boot-black. Love of Fame has much to answer for;—for

> "Pitiful
> "Indeed, and much against the grain, it dragged
> "The stagnant, dull, predestinated fool
> "Through learning's halls, and made him labor much
> "Abortively, though sometimes not unpraised
> "He left the sage's chair and home returned,
> "Making his simple mother think that she
> "Had borne a man."

Our profession seems to be peculiarly complimented by the favor of this class of gentry. The Cacœthes Medendi is tremendous. Perhaps the gratitude of Leigh Hunt, who, in the preface to his Autobiography, thanks "two members of a profession, (medicine) which literature has always reason to thank and to love,"—an observation true enough, —has something to do with the popular proclivity toward healing. Be this so or not, an opinion has, from some cause, very absurdly become prevalent that Medicine is quite an easy business to learn. Its intended votaries seem never to reflect on the vast ground it covers; the number of different branches, each in itself a complete science, embraced by it; and the amount of common sense, cool judgment, reflection, nerve, presence of mind, and prudence;—to say nothing of talents, courtesy, and true good breeding, required to make a good and distinguished physician. They do not reflect that, owing to the recent discoveries necessary to be known and kept pace with, it now requires an exceedingly retentive memory to make even a *médiocre* a medical man.

Is it not enough to extort an angry exclamation from the most patient, to witness men crowding into and *out of* our medical colleges every winter, who, so far from possessing a liberal education, cannot even write a line without some orthographical or grammatical blunder, or even speak a sentence without an etymological one? We "speak what we do *know* and testify to what we have seen" in all these accusations. As a very mild instance of the last, let us here quote a true anecdote, published in the October No. of the Knickerbocker Magazine. "A medical gentleman having, by dint of hard struggling, achieved his diploma from the the board of examiners of one of the largest medical colleges, was enjoying the smiles of beauty in return therefor. One of the ladies kindly remarked to him, 'So, Doctor, you've passed the Rubicon'? 'Yes ma'am,' answered he, modestly struggling with triumph in his countenance, 'I *passed them!*'" Comment is unnecessary. "Ne sutor ultra crepidam" is surely a motto as applicable now as ever. By the way, is the *Scotch* 'souter' derived from or merely analogous with the Latin 'sutor'?

For some men the *title* of M. D. is sufficient. They do not care to *deserve* it, and would be as well pleased with any other title that *cost* as much; (for to the vulgar, money expended is a true index of value,—as shown by the operations of most of our parvenus in large cities.) Some wish a parchment wherewith to "astonish their acquaintances." And verily they succeed. Their acquaintances *are* astonished to see persons be-doctored, whom they well know to be ignorant of the rudiments of an English education. They remind us of the old story of a *theological* examination. Question. "Quod est creare?" Answer, "Creare est facere aliquid ex *nihil.*" Rejoinder. "*Ergo* creamus *te Doctorem.*" The facility with which some of our colleges now grant diplomas is amazing, and sad it will be for our country should this state of affairs continue long. But, as if the *regular* quacks were not sufficient, we have the whole vast train of irregulars,—Homeopathists, Thompsonians, Herb doctors, venders of patent medicines, etc., etc., ad infinitum,—"usque ad nauseum," who annually fleece the community of tens of thousands! And the more absurd their pretensions, the more sucessful they appear. It almost seems that the public esteem a quack in direct ratio with his ignorance. Every impudent Homeopathist who christens the Colic by the formidable name of Cholera Asiatica, and does nothing, with a solemn air, till it passes off, (or till the relatives relieve it by warm applications, &c.) is lauded to the skies; and the worse the disease had become from neglect, the more is he praised, should the patient survive. Should he not;—no matter. "It is the lot of all to die"!!

The Lawyers are protected from such companionship. None can enter *their* ranks, but legally. True, there are thousands of blockheads among them, but they cannot complain. All was done "according to law." They were *fairly* examined, and if the examining committee were too stupid, lazy, or good-natured to detect their ignorance and incompetency, it is nobody's business but their own. Means should be promptly taken by the American Medical Association to protect medical men. If persons are *prepared* to practice medicine, they are surely prepared to pass an examination by impartial, qualified, and *disinterested* committees in each State. But this is a very long digression, and we have already enlarged upon the subject in a previous number.

To return to Physical Education. A brief summary will express all our views on this important subject. It need not be objected against any of the propositions that they are impracticable by the poor; for low indeed must that family be which cannot command *all* the conveniences requisite! Persons too poor for that are too poor to pay attention to *any* system of education. Let the infant be daily washed with water, beginning at the temperature of about 100° Fahrenheit, and gradually increasing in coldness until at eighteen months or two years it will be found that he can bear ordinary river or pump water with impunity at any season. Let him meanwhile be treated in other respects according to the excellent maxims of Dewees, Condie, etc. At about six years of age, should his health then be moderately good, let him commence in early summer, sleeping with his windows up, and continue to do so thenceforward. Let his couch be a mattrass or other hard bed, and let him be as lightly covered as safety and *comfort* permit. When he commences going to school, which should not be until his seventh or eighth year, (for earlier, he would, if bright, injure himself to *excel,* if dull, to *equal* his schoolmates,) see that his bench has a back, and is sufficiently low to let his feet touch the ground, and that his desk is as high as the middle of his breast. Do not force him to study too long at a time; *he* will see that he does not hurt himself by application while he *is* at it. (Or rather no study *can* be too hard if not prolonged too far.) Do not control his *reasonable* inclinations, but let him drink *no* Coffee, Tea, or liquor; neither use Tobacco in any form. Let him early be taught to walk well, run, leap, wrestle, spar, fence, climb, ride, row, and swim. He should be instructed in fishing, pistol shooting, and gunning, if leisure and means for these amusements are at his disposal; and, when old enough, permitted to indulge himself with them as often as he pleases, save in study or work hours. If this is persevered in for a score of years, you will have a *man* such as very few men are now-a-days. His taste and abilities should be consulted about the choice of a common or classical education, and a profession. When he grows up he will then have a business he likes, and devote himself energetically to it, with the prospect of becoming distinguished therein; which no man can be unless he is fond of his occupation. His habits will be founded, and he will be frugal, temperate, hardy, active, and strong.

Girls should be treated on the same plan, with due allowance for the difference of constitutional strength, and the destinies of their sex. But even they should not be exempted from learning to swim and ride.

If these, or similar principles were carried out, for say half a dozen generations, what a difference would be presented in the appearance of our population! Exquisites and "*fine* ladies" would no more be seen. All portions of the community would be useful. Valetudinarians would vanish, for chronic diseases would expire with their last possessors. It would take some time to eradicate hereditary taints of constitution, but we firmly believe they would *ultimately* become extinct, and the world soon present a race of firm, healthy men and women.

"For buirdly chiels an' clever hizzies
"Are bred in sic a way as this is."

Our profession would then rise in the public estimation. For, the race of Hypochondriacs and "nervous" people being extinct, and the *deluded* consequently wanting, the *deluders* would die of inanition. Thomsonians would no more kill men *actively* by doses of Red Pepper for gastro enteritis—(we "speak that we do know,") nor Homeopathists *passively* by letting them die of neglect, (which also we "do know.") Hydropathists would cease from their murders, and patent medicines, ignorant pretenders, and quacks generally would disappear. Medicine would reach its golden age without the prospect of a brazen one to follow. For, people having once experienced the blessings of health, would take judicious means to continue healthy. The few acute diseases remaining would be easily treated in healthy constitutions. Longevity would increase, and without risk of an over-population; for such a course of training would so subdue the aphrodisiac sense as to reduce the number of conceptions to the proper standard, and thus almost meet Mathers' views without his measures.

We firmly believe that such a time will finally arrive, but only when physicians become sufficiently disinterested to advise and insist on the exercise of common sense. True, it is easier to permit obstinate people to err than to take pains to set them right. Every physician has experienced this. Yet, let us rejoice in knowing that eventually

> "Truth crushed to earth shall rise again;
> "The eternal years of God are hers;
> "But Error, wounded, writhes in pain,
> "And dies among its worshippers."

Remarks on an Obscure Form of Acute Pleuritis..

By Charles Hasbrouck, M. D.

The diagnosis of acute pleuritis and pneumonia, is usually represented to be an easy matter; and, except in cases of intercurrent pneumonia, the location and kind of pain, the difficult respiration, cough, character of the expectoration, &c., are, generally speaking, abundantly sufficient to remove all doubt as to the seat and nature of the attack. Unfortunately, however, cases occasionally occur attended with unusual symptoms, or rather in which the usual diagnostics of these diseases are entirely absent, or in which the pain, if present, is referred to parts remote from the chest, and thus tends to distract the attention from the real point of attack. Judging from my own observation, cases of this character are of by no means unfrequent occurrence; and it seems to me, that by directing attention to this fact, you will confer a favor upon the younger members of the profession, and perhaps upon such of the elder brethren as affect to sneer at the value of auscultation, as a means of correct diagnosis.

The following case occurred in the early part of my practice, and I am anxious that others may be spared, if possible, the mortification and pain of similar errors.

Case I.—Mrs. E—— K——, aged about 30 years, of a constitution naturally delicate, and still farther impaired by an almost constant condition of pregnancy or lactation, was confined with her fourth child in the latter part of July, 1841. On the 7th of August, while she was yet confined to her room, she was taken suddenly with violent pain in the right iliac region, extending along the course of the ureter to the lower part of the loins. The pain was constant, very severe, and rather increased by a full inspiration. It was accompanied with a chill, followed by moderate febrile excitement, the pulse being not very frequent, but full and rather incompressible. There was no cough, nor, excepting the pain being aggravated by a moderately full inspiration, any other of the so called rational symptoms of disease within the chest. Indeed, the seat of the pain in connection with the puerperal condition of the patient, rather pointed to the uterus or ovary as the organ at fault; and I did not become aware of the real nature of the attack, until the respiration became impeded, and life seriously endangered by effusion in the pleural cavity.

This patient fortunately recovered after a tedious illness, by persevering in the plan of treatment suggested by the late Dr. Hope, viz: mercury to salivation, repeated blisters, with nourishing diet, the alterative tonics, as Iodine, &c.

Since the above case first directed my attention to these anomalous forms of the disease, many similar but more fortunate ones have occurred in my practice, in which the ear readily detected a pleuritis, or a pneumonia, in the absence of all, or nearly all, the rational symptoms of its presence. It is seldom however, that a case presents itself, so completely masked and obscure, as the following, viz:

Case II.—July 8th, 1852, at 8 o'clock, A. M. I was called to see Gilliam R. Bogert, aged about 60 years, who was awakened at midnight with violent pain in the right iliac region, or rather over the ureter. On the day previous, he had drank two glasses of root beer, and towards evening had some colicky pains in the abdomen. This pain, which he attributed to the beer, was soon relieved by an evacuation from his bowels, and after eating a hearty supper, he went to bed, as he supposed, perfectly well. He had no chills before nor after this midnight attack; his pulse was natural in frequency, but was full, hard, and quick; skin natural, tongue clean, no thirst, nor any sign of fever. The pain was referred to the space between the crest of the ilium and the floating ribs, was constant with short periods of very slight remission, and rather aggravated by lying on the sound side. Indeed when I entered the room, the patient was walking the floor with his body bent forward and to the affected side, keeping his hands pressed upon the seat of the pain, and groaning with intense suffering. There was no pain in his shoulder, no tenderness, no cough, no difficulty of breathing, no "catching" pain even on a very deep inspiration, no difficulty in flexing his thigh on the pelvis, no retraction of the testicle; but his stomach and bladder were rather irritable, having vomited and retched occasionally, and having passed his urine three times in as many hours.

I was at a loss what to make of this assemblage of symptoms. The entire absence of cough and other evidence of chest disease, led me not to suspect any difficulty there, so that I did not even think of applying my ear to his chest. The seat and character of the pain, with the absence of tympany satisfied me that it was not colic; while the irritable stomach and bladder, the suddenness of the attack, and its extreme severity, seemed rather to indicate that a "gravel" was probably impacted in its passage to the bladder. At all events, I could make nothing else out of it, and accordingly began the treatment under the impression that such was the real condition of things.

Having placed my patient upright in a chair, I bled him to approaching syncope. This required 18 ounces of blood drawn in a full stream, and was followed by immediate and almost entire relief. I then administered a quarter of a grain of Morphine, to be repeated every hour or two as might be necessary, with four grains of Calomel every three hours until twelve grains were taken, to be followed by castor oil. I also ordered fomentations to be constantly applied, and a warm hip bath in case the pain again became severe. The blood drawn from the arm *was considerably buffed.*

At 9 o'clock, P. M., I found the patient much relieved, but the pain was still so severe as to prevent sleep. Had taken a grain and a half of Morphine. The warm bath had thrown him into a profuse sweat.—Bowels not moved; pulse 96 in a minute, full; skin warm, tongue very thinly coated, no tenderness, no cough, breathing natural. I directed an enema of salt and water. Fomentations to be continued, and also the Morphine if necessary.

July 9th, 11 o'clock, A. M. Patient has more fever. Bowels have moved freely; pain still troublesome, but not severe; no tenderness; stomach and bladder no longer exhibit any signs of irritability; tongue more thickly coated; pulse 108, full, hard, and quick; skin hot, but moist; no cough, nor frequency of breathing; pain not aggravated by deep inspiration. Not satisfied with my diagnosis, I was prepared to expect the development of some local inflammatory lesion; and to be positively certain that it did not involve the lung or pleura, rather than with any expectation of finding it there,—I made a careful exploration of his chest. On percussion I detected rather more dullness than natural, over the lower portion of the right lung, as the patient was sitting in bed, and on passing my ear over the part, I was surprised to find unequivocal evidences of inflammation there. The respiratory murmur was feeble, almost entirely suppressed, and over a surface as large as my hand, there was distinct crepitant rattle during each inspiration. In short, I had before me a case of pleuritis, which had already extended to the lung, and resulted in slight effusion in the chest, without cough or the least difficulty or frequency of breathing, and without the very usual "catching" pain, even on making as deep an inspiration as the patient was capable of.

I immediately bled the patient, again to the extent of 18 ounces, with entire and permanent relief from the pain. The blood still exhibited the buffy coat. The bleeding was followed by one-sixth of a grain of Tartar Emetic and a drachm of Sulph. Magne., every four hours, with one of the following powders two hours after each dose, viz:

℞. Pulv. Opii, gr. vi.
Hyd: Clorid: Mit: gr. xvi.
Ant: et Potass: Tart: gr. ii.
ṁ. ft. divid. in pulv. No. viij:

July 10th. No pain; pulse 88; skin moist; no cough; crepitant rattle heard over less surface, its place being supplied by the feeble vesicular murmur. Omit the Tartar Emetic and Salts. Continue the powders at intervals of six or eight hours.

July 11th. Dysenteric symptoms setting in; discharges every four hours, of mucus and flakes of lymph mixed with blood; tenesmus. The physical evidences of pleuro-pneumonia becoming less. Omit the powders. Take one of the following powders after every discharge from the bowels, viz:

℞. Pulv. Opii.
" Ipecac,
" Acet. plumbi āā gr. viij.
ṁ. ft pulv. No. viii.

It is unnecessary to follow the notes of this case any farther. From this time he rapidly convalesced, and on the 14th I discontinued my visits.

The history of these obscure attacks, so far as I have observed them, is generally as follows. The patient usually is suffering from an attack of "common cold;" that is, he coughs some, and feels chilly and unwell, but is not sufficiently indisposed to confine him from his ordinary business. While in this condition—or perhaps without any previous indisposition—he is suddenly taken with violent pain, (if the pleura be involved) accompanied with chills, but generally no distinct ague. The pain is usually referred to the iliac region, sometimes to the lower portion of the loins, and in rare cases, even to the hypogastrium, and is generally aggravated by a full inspiration. Sometimes indeed, the pain interferes with ordinary respiration, each inspiration being attended with catching pain. At other times, as in the above case, respiration is entirely unaffected. Cough, if present, is usually less than before the pain was felt. The febrile reaction is generally moderate; occasionally, as violent as in an ordinary attack of pleurisy. Besides the pain interfering somewhat with the full expansion of the chest, there is usually nothing in the rational symptoms to lead the inexperienced practitioner to suspect any mischief there; and perhaps the persistence of the fever, and the general unsatisfactory progress of the case, will first induce him to auscult the chest, when feeble respiration, or an entire absence of the respiratory murmur, with dullness on percussion and perhaps egophony, will warn him that he has a pleuritis with effusion to contend with; or small crepitation, or even a total suppression of all vesicular sounds, with bronchial respiration, &c., may awaken him to the fact, that the lung itself is seriously, perhaps fatally, involved.

If the pleura be not involved in the attack, the case is rendered, if possible, still more obscure. Then no pain is complained of, and the patient will appear to be laboring under a simple febrile attack, without any apparent local disease, and nothing but a careful physical exploration of the chest, will enable the practitioner to arrive at a correct diagnosis. The following may be taken as a fair example of this class of cases.

Case III.—Mr. H—— Z——, nearly 70 years old, of good constitution and robust health, was exposed and got wet, in a storm in the last week of November, 1851. A day or two after, he was taken with headache, pain and stiffness of his extremities and back, chilliness, lassitude, &c., followed by fever, hot skin, thirst, &c. I first saw him on the second of December, three or four days after the attack. He was confined to his bed with moderate fever, his pulse beating from 75 to 80 times in a minute. His principal, and almost only complaint was of headache. His tongue was slightly coated; bowels had been freely moved by Epsom Salts. He had no difficulty in lying in any position; his breathing was natural, and upon *particular inquiry*, I could not ascertain that he had had any cough. Indeed there did not appear to be any particular local mischief, but simply a general feverishness, which I attributed to exposure and suppressed perspiration. Accordingly, I prescribed warm pediluvia and warm drinks, with nitre, antimony, &c., with a view to equalizing the circulation, and promoting the cutaneous excretion. But my patient did not improve, when on the fifth day of the treatment, as I was sitting by his bed, he gave a short dry cough that arrested my attention. On inquiry, I then learned that he had coughed, "*three or four times*" during the preceding day, but not before that, that the family had heard. He had no pain, no shortness of breathing, but from the unsatisfactory result of the treatment, I suspected that there must be some lesion which I had not yet detected. I now sat my patient upright in bed, and carefully examined his chest, and in the lower portion of his right lung I found unequivocal evidence of pneumonia, still in its first stage. The respiratory murmur was partially suppressed, and distinct crepitant rattle existed in a part of the lung, about three or four inches in diameter. There was no perceptible dullness on percussion, but this, if I am not mistaken in my observation, is not unusual in the pneumonia of the aged.

I immediately established counter-irritation over the seat of the disease, and prescribed Tartar Emetic in solution with the Muriate of Ammonia, with the most prompt and happy effect. The patient rapidly recovered.

In certain states of the system, and in some forms and stages of the inflammatory affections of the air passages, it (the muriate of ammonia,) is one of the most admirable alteratives we possess, and one that is entirely too much neglected by the majority of American practitioners.

Schraalenburgh, N. J., *Nov.* 1852.

Case of Hepatic Abscess. By George P. Rex, M. D.

W. F. C., æt. 52, a hard working industrious farmer, of temperate habits, had never been sick until Saturday evening, April 17, 1852, when he was seized with a violent pain in the right hypochondriac and epigastric regions. I found him lying upon his abdomen, pain violent, pulse 85 and soft, skin moist, and tongue slightly furred. I supposed it to be a case of bilious colic, and prescribed ℞. Calomel gr. xij, Sulp. Morp. gr. j in Ch. iv. one every three hours, and a teaspoonful of Solut. Sulp. Morph. every hour until the pain was relieved; sinapism to the epigastrium, hot pediluvium.

April 18th.—Has passed a comfortable night; free from pain; tenderness at the epigastrium and tympanitis. As the bowels had not been opened, I prescribed Ol. Ricini f℥j. Ol. Tereb. f ʒj. to be repeated in six hours if it did not operate:—19th, oil has operated twice, and reduced the tympanitis; pulse 82, skin dry, anorexia, complains of a salt taste, even cold water, as he says, tastes like brine: prescribed Cal. gr. iv. Ipecac. gr. j. in Ch. iv. one every four hours:—20th, improving, continued the treatment:—22d, relaxed condition of his bowels, has had several clay colored stools; prescribed Cal. Opii aa gr. iv in Ch. iv., one every three hours:—23d, bowels improved; has had three evacuations, no change in color, continued Cal. and Opii.

24th.—Has had three evacuations; was informed that the color was changed, being more natural; did not see the evacuations; continued Cal. and Opii. 25th, *Bowels improved;* one evacuatión since my last visit; nurse says improved in color; continued treatment. 26th, Bowels quiet, tongue cleaning, complains of weakness and intense saline taste, which has been the case throughout his sickness; prescribed Infus. Gent. and Serpentaria. 27th, Bowels more relaxed, slight pain in the abdomen, prescribed Mass. Pil. Hyd. gr. iv. Opii. gr. j in Pil. iv. one every four hours. 28th, improving; continued treatment.

29th and 30th,—continued to improve, appetite good, bowels natural, tongue clean, pulse 75. Complains of weakness and the saline taste, with these exceptions he says he feels well; is up and about his chamber; discharged the patient as convalescent.

In passing his house on May 6th, I saw him out, feeding his pigs; he said he felt well, except some weakness; the saline taste had slightly diminished, his appetite was good, and he said he felt as if he would soon be able to plough. His pulse 75, tongue natural, countenance good, and I said to him he would soon be at his accustomed employment. He rode three or four miles that afternoon, in a carriage, paid a visit to a relative, and returned feeling stronger and better. On Friday, the 8th, I was sent for about noon, and learned the following particulars. On Wednesday evening the 6th, just before he retired to his bed, he gave a slight cough, and brought up some very fetid matter; he felt well at the time, and had not the least pain. It was supposed by the family that he had taken cold, which would soon pass over. He coughed several times through the night, and expectorated more of the fetid matter. The stench was so great, that the family were sickened by it. On Thursday morning the 7th, he did not feel as well as yesterday, yet he dressed himself and walked to a neighbor's, an eighth of a mile distant, and returned at noon, the cough and expectoration increasing. In the afternoon he felt weaker and kept his bed. When I saw him, about noon on Friday, he was free from pain, felt perfectly well, appetite good, tongue clean, pulse 90 and small, was very weak, and still had the saline taste; the cough and expectoration had increased through the night and morning. The fetor from the expectorated pus was so unpleasant as to drive the attendants from the room. The room was at once fumigated with Chlorine and the smell removed. There was no physical sign of disease of the chest, I therefore diagnosticated an Hepatic Abscess, which was discharging the pus; prescribed free doses of Sulp. Quin., and small doses of Sul. Morp. good diet of chicken soup.

Saturday, 9th.—Has rested well, pulse small, 120, copious perspiration, feels weaker, cough and expectoration the same; continued treatment and added milk punch and brandy. In the afternoon, 5 o'clock, my friend Dr. Samuel Lilly of Lambertville, saw the patient in consultation with me. He coincided in my diagnosis and treatment, and was of the opinion that the abscess had pointed upwards, and perforated the diaphragm and parenchyma of the lungs, discharging through the bronchia. The patient continued to sink until noon the next day, when he expired. His appetite remained good; was conscious until death, and died from exhaustion. It is a safe estimate, that he expectorated from Wednesday night until Sunday noon, upwards of three pints of pus, clearly showing that the abscess must have involved the greater part of the structure of the Liver.

I regret that I was so much indisposed at the time, that I could not make a post-mortem examination. The case is interesting, from the fact, that such extensive organic disease of an important organ had been going on for some time, without any indication of it. A query also arises in my mind, whether the intense saline taste, may not be pathognomonic of this pathological condition, and I respectfully commend this particular point to the attention of the profession for future observation.

Reaville, N. J., *October 26th*, 1852.

Inoculation with Decomposing Animal Matter.

By C. H. Cleaveland, M. D.

About the twenty-fifth of February, 1850, while in the enjoyment of excellent health, I was asked by a neighbor to look at a valuable mare of his, which he thought must be dying, as she was very sick, and in an unusual manner. I at once stepped to his stable, and a moment's observation of the animal, led me to conclude she was on the point of foaling, The owner and his hostler both denied the possibility of such being the fact, both because she had been in their possession during the year previous, and because she had menstruated regularly during the entire year, and had one of those turns only two or three weeks previously. I, however, chose to be guided by the advice of my former teacher, Professor Crosby, of Dartmouth College, who used frequently to tell his students, "In all things trust not too much to others, but see with your own eyes, feel with your own hands, and judge with your own judgment." Acting accordingly, I soon drew forth, a two-thirds grown colt, which had slightly commenced to decompose.

I gave directions for the proper care of the animal, and after but a very brief period, carefully washed myself with water and soft soap. As my hand still retained the putrefactive odor, I again washed with care, and proceeded about my business.

At this time the air was quite cold, and my arm was chilled, so as to have the appearance of "goose flesh," but it, and my hand were entirely exempt from any abrasion of the skin, or any eruption; but two days afterward, I discovered the arm to be plentifully covered with little pimples, which burned and smarted in a very unusual manner, but as yet, I had no suspicion of the true cause of them.

The next day these eruptions were enlarged and more painful, and I then recollected the exposure I had been subjected to, viewing the poison as an animal acidiform product, I applied cloths wet with moderately strong aqua ammonia, for the purpose of neutralizing the acid, and also of producing irritation upon the entire surface. The hartshorn remained applied until vesication was produced upon the apex of each eruptive point. Then I could see what appeared to be a dead gland, in the centre of each swelling, the glands ranging from the size of a mustard seed to that of a pea. I now wrapped my arm in ice-cold water, in which the acetate of lead had been dissolved, to the point of saturation, and changed the applications every hour or two, or as often as the cloths became warm.

Seeing that this course of treatment did not arrest the disease, I took Seidlitz Powders until they produced free catharsis; I then consulted with several members of the profession, who advised nothing in the way of treatment, and spoke in no very encouraging terms in regard to the final result. The disease had now progressed eight days, and was affecting the general system somewhat, as was shown by a feeling of fretfulness, and general lassitude, and a want of appetite, and also by rigors, and a crawling sensation in the muscles, a general soreness and lameness throughout the system, but expecially in the back; and an irritability of the nervous system never before experienced; yet all this time there was no apparent inflammation of the lymphatics of the arm, or swelling of the axillary glands, as I had anticipated.

I now took blue pills with the Seidlitz powders, and drank freely of the infusion of the *Scutellaria Laterifolia;* and in place of the acetate of lead I dissolved the hydro chlorate of ammonia in the cold water, and kept my arm constantly enveloped in cloths wet in the solution, which were changed as often as they became warm. Whenever the arm became warm, or was allowed to remain uncovered for even a short time, it felt as a severe burn does when brought near a fire.

During all this time, although the weather was quite cold and raw even for March in Vermont, I kept almost constantly out of doors during the day time, and at night slept in a cold room with a window open, so as freely to admit the external atmosphere.

About the twelfth or thirteenth day, the arm, which up to this time had been very much swollen and hard, began to soften, and that day, and the next, I was able to press from the swellings where the pimples had first appeared, cores, from the size of a pea to that of a filbert. These cores had apparently sloughed from the surrounding tissue, and around many of them there was a considerable amount of ill-conditioned, yellowish, watery pus. The arm was much decomposed from the elbow to the wrist, and in many places the muscular tissue became broken down, so that pieces two or three inches in length, and as large in the middle as a lead pencil, could be pressed from the openings. As fast as a softened point was discovered, I opened the skin with a lancet, and pressed out the softened tissue and pus, allowing as little as possible to remain to be taken up by absorption.

Within six weeks from the attack, the arm was entirely healed, and during this time, there were but three or four pustular eruptions upon any portion of the surface, except the right arm below the elbow, and those healed readily after being punctured and having their contents pressed out. It was, however, several months, before the system fully recovered from the general effects of the poison, and I became able to endure my accustomed amount of labor.

During the course of the affection of my arm, I never was fully convinced that the salts dissolved in the water used in the dressings, was any advantage to it, but rather supposed all the comfort and benefit was derived from the *coldness* of the application, and the facility with which the electricity was carried away by the moisture.

The *Scutellaria Laterifolia,* which I used freely in infusion, during the times when I suffered most, I *know* to have been a very good *nervine* and *tonic* in my case, but whether it acted in any manner to protect the system from the morbid poison received from the dead and decomposing animal, or from that generated in my own arm, it is not easy to decide. It has had a reputation, as a preventative of Hydrophobia, in those who had been bitten by a rabid dog, and whether it has acted solely upon the nervous system, or upon the general substance of the body, has never been determined,—neither does it seem of the greatest moment that the facts should be known, so long as it may be proved of benefit in one or other of those modes. In my case, however, I am of the opinion, that its beneficial effects were not confined solely to its effects upon the nerves. This plant is every way deserving the careful attention of the profession, which I would earnestly bespeak in its favor.

The above case has already been reported in brief, in a Journal which at that time had but a limited circulation, and is now presented, in a more full and extended manner to the readers of the Reporter, not on account of any intrinsic interest it may possess, but that the writer may learn the experience of others in regard to an accident to which all are constantly liable, but in which the profession seem not to have settled upon any uniform or definite course of medication.

WATERBURY, *Vermont, Nov.* 1852.

BIBLIOGRAPHICAL NOTICES.

On Syphilis, Constitutional and Hereditary, and on Syphilitic Eruptions. By ERASMUS WILSON, F. R. S., Author of a "Treatise on Diseases of the Skin, &c.," with four colored Plates. Blanchard and Lea; Philadelphia, 1852.

WE have before us a book of 284 octavo pages, executed with a neatness, that is seldom surpassed by the American Medical Press. Its object is to simplify the subject of which it treats; a subject, familiarly known *by name* to all, but the peculiarities of which are faintly drawn in the minds of the general professional reader. The author designs to establish the fact that there is but one syphilitic poison, and one syphilitic eruption, and that the apparent differences in its appearance and character, are modifications of the disease, depending on time, treatment, and the temperament of the patient.

"I am fully convinced that there exists but one syphilitic poison, and that all the varieties of its manifestation, which are met with in practice are due to modifications in the poison itself, modifications having reference to concentration, assimilation, and susceptibility. It would not be reasonable to expect the same train of results from innoculation of the lymph secreted by a recent chancre, as from a poison which has passed through the blood of a contaminated person, been filtered through his tissues, and is presented in a state of dilution in his secretions. In like manner, a person of nervous or sanguine temperament is more likely to be violently affected by the admission of a poison into his blood than one of lymphatic temperament. These modifications on the part of the giver and receiver may possibly explain some of the multiform shapes in which syphilis is presented to our observation."

The result of the syphilitic poison is to produce an ulcer, by contact with the mucus membrane of a sound person, though it is believed that it will sometimes produce a purulent discharge as in an ordinary Blenorrhœa or Gonerrhœa; and cases are related, to prove that the constitiutional symptoms of syphilis may follow such a discharge, with as much certainty, as they will a chancre. The indurated chancre of Hunter of which much has been written, is supposed to be the result of a constitutional taint, presenting in some cases, the only evidence of syphilitic poison in the blood.

The disease is considered with reference to its divisions into its primary and secondary manifestations, and the evolution of the poison upon the skin, in its various forms, with its peculiar local actions, its congenital and hereditary forms and treatment. The plates are illustrative of the eruption in its various modifications. We cannot fail to recommend the book to the favorable notice of the profession.

A Practical Treatise on Diseases of the Skin. By J. Moore Neligan, M. D., M. R. I. A., Honorary Fellow of the Society of Physicians of Sweden, &c. &c. &c. Philadelphia, Blanchard and Lea.

Fourteen chapters, devoted to the consideration of a long catalogue of cutaneous diseases, with their pathology, treatment, &c., and the diseases of the appendages of the Skin, and their Therapeutics, make up the 326 pages of Dr. Neligan's Treatise. The condensed form of the volume, and the great number of prescriptions scattered through the body of the work, and the chapter on Therapeutics particularly, with a copious index, render it valuable for reference. We have not space to give more than this brief outline of the book. It is deposited, however, on our shelves, as a valuable addition to our library.

General Pathology, as Conducive to the Establishment of Rational Principles for the Diagnosis and Treatment of Disease. A course of Lectures, delivered at St. Thomas's Hospital, during the Summer Session of 1850. By John Simon, F. R. S., one of the Surgical Staff of that Hospital, and officer of Health of the City of London. Philadelphia, Blanchard and Lea.

We feel very much like wanting more room than we have, to present a fair view of this book to our readers; for though it is small, there are to us some new views, which we should like to offer for the consideration of our brethren. We may however be able to give one or two extracts, that may induce a perusal of it. The relation of Pathology to Physiology is considered, and presented to the student, as an important basis for his future investigations; both are supposed to treat of the science of life; the one indicating the vital phenomena in health, and the other in disease; but where the physiological condition ceases, and the pathological begins, is a question not clearly solved.

> "Any attempted line of demarcation between physiology and pathology soon melts away; the healthy and delightful rush of blood to the surface of the body, as we emerge from the cold bath, depends on the same apparatus and the same adaptation, as determine the still greater glow—the painful redness and effusion of serum, when boiling water, or the poison of erysipelas, is the provocant; and if we were to proceed no farther in the subject, we should be prepared to modify the definition of disease with which we started, and to speak of pathology as the *study of life under abnormal exterior relations.*

Disease is described as "something more or less than health," sometimes of *exopathic* origin; and sometimes originating within the body, independently of external causation.

> "And accordingly, while we may describe Pathology to consist in the *Science of Life under other conditions than those of ideal perfection*, we are obliged to reserve a doubt whether the imperfect conditions in question may universally be referred to *exterior causation*, or may partly be considered as *spontaneous tendencies*, inherent in the vital principle of the individual." * * * * * *
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> "We find that disease works according to laws definite, constant, invariable; we find in it no contradiction to the laws of life; on the contrary, that the latter, in their simplicity and comprehensiveness, include and account for it; that the power of adaptation to circumstances, the power of resistance to casualties, the power of repair after injury, would not be possible or conceivable attributes of the human body, except under conditions which impose the liability to disease. At every turn of the subject, and in every fresh illustration which new study reveals to us, we derive deeper and more steadfast convictions of the total absence of caprice, chance, or irregularity, even in the strangest influences of disease. We become habitual observers of that mystery which most of all tends to chasten and to elevate the mind—observers, namely, of the unbroken uniformity which prevails in the operation of Natural Laws."

With these brief references to the style and doctrines of the lecturer, we may simply state, that the volume before us, treating as it does of a subject, of deep interest to every practitioner of medicine, ought to have its place by the side of Wood, Watson, Elliotson and others, as it affords a pleasant and useful variety in the study of physiological science.

The Physician's List, Diary, and Book of Engagements, for 1853. Lindsay and Blakiston, Philadelphia.

We have used the visiting list for 1852, and can speak from daily experience of its convenience and utility. An Almanac, Table of Doses, Poisons and their Antidotes, and a portion of the code of Ethics, form part of the arrangement, while a weekly table is prepared on each page for the visits of the practitioner; a margin being left for the names of patients. We have found sometimes in sickly seasons, that the page is not large enough to admit of a week's register, and would suggest to the publishers to increase its size, and also to furnish a character to designate obstetric visits.

Books Received and to be noticed in next Number.

The Principles and Practice of Dental Surgery; by Chapin A. Harris, M. D., D. D. S., Professor of the Principles and Practice of Dental Surgery in the Baltimore College; member of the American Medical

Association; Author of Dictionary of Dental Science and Medical Terminology, &c., &c. Fifth Edition; revised, modified, and greatly improved, with two hundred and thirty-six illustrations. Philadelphia, Lindsay and Blakiston, 1852.

Practical Treatise on Dental Medicine, being a compendium of Medical Science, as connected with the study of Dental Surgery: to which is appended an inquiry into the use of Chloroform, and other anæsthetic agents. Second Edition, revised, corrected and enlarged, by Thomas E. Bond, A. M., M. D., Professor of Special Pathology and Therapeutics in the Baltimore College of Dental Surgery. Philadelphia, Lindsay and Blakiston, 1852.

EDITORIAL.

The Reporter, hand in hand with Quackery.

Camden Affair. On page 361 Vol. v. No. x. of the Reporter, will be found the history of a "Case of Tetanus successfully treated, by S. Birdsell, M. D.," of Camden, N. J. The case occurred in March last. On the 24th of April, a brief notice of it appeared in the "American Banner," and we believe in some other public papers. On the 5th of May, a physician of Camden, wrote to the President of the New Jersey Medical Society, saying that he believed it to be the duty of the President, "as the conservator of professional etiquette," to advise against the insertion of the article in this Journal, because it had been noticed in a secular paper, and uncalled for reflections of an injurious nature were made upon another physician. Upon this suggestion being made to the President, he wrote to us on the 7th of the same month, enclosing the letter of his correspondent. We waited for, and finally received the article as it has been furnished to our readers; but before inserting it in the Reporter, we wrote to Dr. B., informing him that we could not admit his essay, if the article in the Banner was written by himself. On the 4th of June, Dr. B. replied, that he was not the author of the notice referred to, but that he did not wish to press his essay upon us, if "in accordance with duty" we could not receive it. At the same time he referred to the Editors of the different papers, giving their names, &c., for a confirmation of his statement. Receiving this avowal from Dr. B., we published his case in July. On the 7th of October, the medical gentleman who first wrote to the President of the State Society addressed a letter to us, in which the following language is used, in reference to the New Jersey

Medical Reporter. "The Journal admitting him, when forewarned of the facts of the case, aids and abets charlatancy in the profession, and I, as a member of the profession cannot give my support to such a Journal."

We again wrote to this gentleman, that as he, or the President, had not stated anything from positive knowledge, and as Dr. B. had denied having written the article, we had no just grounds for refusing it. Again he wrote to us, and urged that certain questions be proposed to the editor of the Banner, and a direct answer to each be requested, stating that he had conversed with said editor, and was satisfied of the correctness of the charge made against Dr. B. In order to satisfy ourselves, we did so, and by letter from the editor of the Banner, dated Nov. 13th, learned the following facts. The patient, and the Doctor, were personal friends of the editor, and as the case had excited a great deal of interest in the community, Dr. B. was prevailed on, by the editor, to give a synopsis of it, while on a visit at his house, though not for the purpose of publication. "That Dr. Birdsell prepared the article for my paper, nothing can be more false." "I wrote the article myself, and Dr. B. never saw it, till he saw it in print." He further states, that "the Dr. presuming on an intimacy, that had existed for some time, did reflect on the skill of a *so-called* physician," by repeating some expressions of the patient himself; but that the language used in the notice, was his own, and not Dr. Birdsell's.

We regret to have been compelled to occupy so much space, on a matter of mere local interest, but the peculiar position in which we have been placed, is offered as our reason for doing so.

We do not say, whether in this thing we "aid and abet" charlatanry or not. We rely upon the good sense of the profession at large, to settle the question in their own minds; asking them to remember that the reference in the Banner, was a mere reporter's "crumb" without name, put in the "local department;" while that presented by us, was a full history of the case, under the signature of the attending physician.

Reporters and Committees.

We are requested by a correspondent to remind the county Reporters, of their duty, that they may prepare and forward their Reports, by the 1st of January next to G. P. Rex, M. D., of Reaville, who is Chairman of Standing Committee. There are also a number of Committees, which have been continued from last year, that need to be reminded of their duty. In the minutes of the Society, they occur in the following order.

1. To investigate the chemical action of the kidneys, &c. Joseph Parrish, S. W. Butler, D. B. Trimble.

2. To investigate the effects of blood-letting on the vital organs. A. Coles, L. A. Smith, A. N. Dougherty.

3. To investigate the action of mercurial preparations on the living animal tissues. J. B. Coleman, I. P. Coleman, J. Wolverton.

4. On indigenous plants of New Jersey. Q. Gibbon, J. H. Thompson, J. G. Goble.

We hope the suggestion of our correspondent, may be regarded by these committees. They will add to the cause of science, improve their own minds, and elevate the character of the profession by doing their duty.

THE BRITISH AND FOREIGN MEDICO-CHIRURGICAL REVIEW.

This excellent work, re-published by the enterprising medical book publishers, S. S. & W. Wood, 261 Pearl street, New York, is a regular, and very welcome, quarterly visiter.

From the October number we learn that, commencing with January, there is to be a new feature in the work, in the shape of a limited number of original communications of a high order, on various subjects connected with medical science.

We know not to what an extent it is taken by our readers, but, we feel free to assure them that in the shape of medical literature they could hardly expend *three dollars* a year more profitably, than by subscribing to the *B. and F. Medico-Chirurgical Review.* Not a work appears on any branch of medical science, but is elaborately reviewed, and its strong or weak points presented in such a shape, that the reader acquires a very correct idea of the views of the author, without the expense and labor attending the purchase and perusal of the book itself. Reader—when you appropriate two dollars for the *Reporter,* do not forget to increase the appropriation by three, and include the *Review,* and we will guarantee that the five dollars will be the best investment you will make for the year. Try it, and see! *

CATALOGUES.

We have received from S. S. & W. Wood, 261 Pearl street, N. Y., an exceedingly valuable catalogue of medical books. Their collection is a very extensive and useful one, and is well worthy the attention of our readers. This plan of issuing catalogues separately, is much better than that practiced by some publishers of disfiguring their books and journals by attaching it to them. In our opinion, it is a great objection to a work, to find that not a small part of it is a mere catalogue of books for sale by the publisher. One book now before us, recently published, contains 278 pages of matter, 32 of them being advertisements and notices of various books. In a journal containing 351 pages of reading matter, 58 of them are catalogues of books and advertisements.

Another contains 151 pages of printed matter, 84 of which are catalogues and advertisements! *

PROCEEDINGS OF MEDICAL SOCIETIES.

The Semi-Annual Meeting of the Cumberland County Medical Society was held at Bridgeton, October 25th, 1852.

An extended report from the delegates to the American Medical Association was read. The Society, after a vote of thanks to the delegates, for the time and care bestowed upon the report, ordered it to be placed upon file.

Dr. Ludlam, of Deerfield, read a report of three cases of disease, marked by the peculiarity of being pulseless. In two of them, this condition existed for more than a month.

Upon calling the roll for a report upon Epidemics, there appeared to have been an unusual dearth of this form of disease, since the last meeting, except in one section of the county, where Dysentery prevailed.

Dr. Porter made a report of the Small Pox, as it prevailed in the County Alms-House. The treatment was generally simple and expectant, and the efficacy of vaccination was tested in several instances.

Dr. Bowen cited cases of interesting experiments made with vaccination, at its first introduction.

Dr. Elmer related a surgical case under his care, caused by the falling of an iron plate of several tons weight, in which the pubic and sacro-iliac symphyses were disturbed, and the bladder injured.

J. B. P., *Secretary.*

National Pharmaceutical Convention.—Thirteen years ago, the American Society of Dental Surgeons was formed, with evident advantage to the interests of that useful branch of medical science. Five years since that great institution, the American Medical Association sprang into existence, and has already done much, and we firmly believe is destined to accomplish more for the advancement of the science of Medicine. And we have now the pleasure of announcing the formation of a National Pharmaceutical Association. The initiatory steps towards its formation were taken at a meeting of Pharmaceutists, held in the City of New York, on the 15th of October, 1851. That meeting called by resolution, another, to meet in Philadelphia, on the first Wednesday in October, 1852, the result of which has been the formation of the Association, whose published proceedings now lie on our table. A variety of useful and interesting business was transacted, giving promise of accomplishing much for the interests of pharmaceutical science. The principal topics discussed were,—1, The formation of the Association, together with the adoption of a Constitution and Code of Ethics,—2, Pharmaceutical Education,—3, Secret or quack medicines,—4, inspection of imported and manufactured or prepared drugs,—7, the indiscriminate sale of Poisons,—8, the separation of Pharmacy from the practice of medicine. These various subjects were ably discussed, and on many of them committees were appointed to report at the next meeting, which will be held in Boston, on the fourth Wednesday, (24th) of August, 1858. *

MISCELLANY.

In the October number of the *North Western Medical and Surgical Journal*, Dr. N. S. Davis, reports a case in which the small intestine was ruptured in the left inguinal region, by blows from a man's foot on the parieties of the abdomen, leaving *no external mark by which such a result could have been anticipated.* Death followed the injury received, in a little more than forty-eight hours. This case is interesting in a medico-legal point of view. A similar case of laceration of the Colon, from the same cause, is reported by M. Morineau in the *Revue Médicale*, and copied into the B. and F. Medico-Chirurgical Review.

In an article in the *London Medical Times and Gazette*, a writer speaks very highly of the *Chlorate of Potash* in the treatment of croup. *Case:* "J. P., three years; croup. This child was leeched, and treated with calomel, salines, and ipecacuanha. After these remedies, the chlorate of potash was employed, and the change in his breathing, and the hue of his countenance, was most marked after the first dose." The theory is that the chlorate of potash is decomposed, supplying oxygen to the system.

Dr. Vattier, State Senator from Hamilton County, Ohio, proposes to advocate in the next session of the Legislature of that State, the passage of a law requiring that "each vender of patent medicine, nostrum or specific, shall be compelled to place a printed label in English, upon the outside wrapper, setting forth the composition of the contained remedy." Are there no physicians, members of our State Legislature, who, consider this matter important enough to bring it before that body? The passage of such a law, would unquestionably be an effectual blow at the very root of a gigantic evil in the community.

The *Medical News* for October, contains the report of a Committee appointed by the Pennsylvania Medical Society, to take into consideration the new views on the protective power of vaccination, recently promulgated by Drs. Gregory of London, and Cazenave of Paris. The result of the investigation was to satisfy the committee that those views were based upon erroneous grounds, and they regret that such statements have been put forth at a time when vaccination is so much neglected, and when efforts are being made to re-establish its protective power. The Committee presents an abstract of statements, made by a committee of the Epidemiological Society of London, through its Chairman, Mr. Grainger, showing conclusively the general efficacy attending vaccination when properly executed.

New buildings are about to be erected for the New York Hospital. Plans are advertised for.

Dr. R. L. Howard, of Columbus, Ohio, has established an Institution for the treatment of chronic diseases. The institution is in a portion of the Starling Medical College building, which has been elegantly furnished, and provided with every convenience in the way of baths, &c. This we think is an excellent move, and we trust it will attract the attenion of the profession in other places. *

OBITUARY NOTICES.

DEATH OF DR. EDWIN A. HEINTZELMAN.—The sudden removal of Dr. Heintzelman, and the circumstances of his death, have cast a gloom over the community in which he lived, such as is seldom experienced. On the morning of the 12th of the present month, he left home with his student, to spend a few hours on an island in the Delaware, to indulge in shooting. In the afternoon, whilst preparing to return, he received a heavy charge from a gun, held by his own hand, which penetrated his abdomen, just below the umbilicus, passing upwards and entering some of the larger vessels, and completely destroying the pyloric orifice of the stomach. He spoke but a few words, sank down to the floor of the boat, in which he stood, and died almost instantly. Dr. Heintzelman was born in Philadelphia, on the 30th of October, 1827. After his scholastic course, he determined to study medicine; and entered the Medical Department of Pennsylvania College, on the 3d of November, 1845, and received the degree of the Doctorate, March 9th, 1849. It is said of him, by those who watched his career as a student, that during the whole period of the three courses, which he attended, his conduct was exemplary, and that at the final examination, he exhibited a "thorough knowledge" of the branches of instruction, embraced in a complete medical education. Soon after he graduated, he located in Columbus, New Jersey, where he soon became favorably known, and rapidly secured the confidence and affection of a large portion of the people. His was a short, but useful career; had he lived, he would probably in time, have occupied a prominent position in the medical community; but it has been ordered otherwise, and he is stricken down at the age of twenty-five, leaving a young widow and infant daughter, and a large circle of attached and afflicted friends. How true, that "in the midst of life we are in death."

JAMES BRUYN ELMENDORF, M. D.

Published by order of the Somerset Medical Society.

It has become my duty to record the decease of a physician and a friend. Dr. James Bruyn Elmendorf, died at his residence near Millstone, on the first of September, 1852. While we deplore his loss, and express our sympathy with his afflicted family, we mourn not without hope. He lived and died a Christian.

Dr. Elmendorf was born in Somerset County, in the year 1788. He graduated from the College of New Jersey in 1807, after which he pursued the study of medicine with Dr. Charles Smith, of New Brunswick, for about two years. While attending lectures in Philadelphia, he became a pupil of Dr. Benjamin Rush, of whom he ever afterward spoke with admiration and affection. His diploma from the University of Pennsylvania, bears date 1813; after which, locating in Somerville, he practiced for a number of years in connection with Dr. Peter S. Stryker. Removing from Somerville, he practiced in Philadelphia, for about three years, soon after which, he retired to his farm near Millstone, and devoted the remainder of his life chiefly to agricultural pursuits.

As a man and a physician, Dr. Elmendorf was possessed of agreeable qualities, which made him beloved by all who knew him. His generous nature and gentlemanly bearing, ever kept him above the petty rivalry and jealousies, which too often disgrace the Medical Profession. As a Medical man it is not in my power to speak as particularly of Dr. Elmendorf, as I could desire. He had, to a great degree, ceased practice prior to my acquaintance with him. But taking the uniform esteem of his former patients as my guide, I cannot doubt that he was both untiring and successful in his efforts for their welfare. His dignified manner and extensive acquaintance, ever commanded the respect of his fellow physicians; while as a citizen and a neighbor, he has not left behind him an enemy or an evil wisher.

Post Mortem Examination. Reported by H. F. Vanderveer, M. D.

An examination of the body of Dr. Elmendorf was made, with a view of better ascertaining the causes of his death. Believing that the appearances exhibited, possess some medical interest, I will describe them, premising a sketch of the ante-mortem symptoms.

For five or six years previous to his death, the Doctor experienced pain of a severe character in his left hip. It was believed to be of rheumatic origin, with which view remedies were tried, without any very decided result. Partial relief was followed by still more severe paroxysms, and inconvenient lameness of the limb succeeded. After about three years the pain became more sharp and lancinating in its character, and numbness and tingling of the limb, especially in the course of the ischiatic nerve occurred. The case was now looked upon as neuralgia, and treatment was adopted accordingly. The neuralgia, however, appeared as obstinate as the preceding rheumatism had been, and little benefit was obtained, except from anodynes. This was the Dr's. condition, during the spring of 1851. Notwithstanding the remedies, a variety of which were tried, the pain continued and was even increased in severity and duration. During the latter part of same year, pain began to be felt throughout the left side of the pelvis, especially about the anus and rectum. By this time, almost every remedy for neuralgia had proved unavailing, which fact, with the severe suffering of the patient, gave the case a serious aspect. The anxiety of the Dr. and his friends was not diminished, when, during February, 1852, a tumor was discovered occupying the centre of the gluteal region. This tumor was deep-seated, pulsating, and, on auscultation, yielded a thrill similar to that of aneurism. Much obscurity prevailed as to its nature; extirpation seemed out of the question, and resolvent and mild antiphlogistic measures were adopted. During the summer, the tumor seemed to diminish in size, but without relief to any of the symptoms. From the time of the tumour's appearance, the Dr's. strength failed rapidly, and it became evident that he could not sustain his sufferings much longer. Emaciated and worn down by the severity of the disease, his death was hastened by an attack of mucus diarrhœa, which supervened, during the latter part of August.

Post Mortem. No tumor was perceptible externally after death. Incisions were made, exposing the gluteal region. The gluteus maximus was dissected up and turned over, and the gluteus medius was partially removed, when part of the latter muscle was seen to be invaded by heterologous deposite. The mass was dark colored, friable, and abounding in coagulated blood. It protruded from the sacro-sciatic notch. Dissection of the tumour was difficult, on account of its extreme softness. It was extensively attached to the sacrum and ilium, and on its removal the bone exhibited erosion at the points of contact, leaving a rough surface abounding with spiculæ of bone. The sacro-iliac articulation was so far destroyed by this invasion, that it was easily separated with a scalpel. The greater part of the left side of the pelvis was occupied by the tumor. The whole of the diseased substance could not be removed through the opening, nor the exact state of the pelvic viscera ascertained. The nerves of the sacral plexus were dissected from the tumor in which they were involved. Though bones had been eroded, the nerves with their sheaths were untouched, nor was any pathological change observed in them.

Remarks.—The tumor was regarded as Encephaloid in its character. The apparent diminution in its size, which occurred during the last few weeks of life, was doubtless owing to the softening of the tumor, and destruction of the pelvic bones. From the protracted duration of the case, it would seem probable, that the disease commenced as a benign tumor and degenerated.

SOMERVILLE, N. J., *November* 19, 1852.

DEATH OF JAMES PAUL, M. D.—Dr. Paul, so favorably known by the profession of New Jersey, died at his residence, at Trenton, on the 12th of last month, aged 54 years. Dr. Paul was a native of Edinburgh, Scotland, and completed in his native city, the course of academical and professional study, which fitted him for the active duties of after life: the principal sphere of which was at Kingston, on the Island of Jamaica. He pursued his profession there for about twenty years, and then removed to the United States, hoping to derive benefit from our more favorable climate. He lived in Canandaigua, N. Y., for five years; spent the winter of 1847–8 in Philadelphia, and then took up his residence in Trenton.

He soon became connected with the County Medical Society of Mercer, and with the State Medical Society, of which he was the first Vice President at the time of his death. His contributions to the medical literature of the State, are well known to those who are interested in sustaining it. His report, read at the last annual meeting, as Chairman of the Standing Committee, is elaborate, and gives ample evidence of his diligence and fidelity. He has also contributed, essays on the "food and the teeth," on the "secreting function of the Colon," "statistics of Births and Deaths in the State of New Jersey, for 1850," which were collected from the official documents, "medicinal, disinfecting, and dietetic properties of coffee," with a history of the Asiatic Cholera, as it prevailed in the Island of Jamaica in 1850. These with numerous minor contributions, have identified his name and abilities with the interest of the profession in this State, which we trust may be long cherished. His mild and retiring deportment, and his character for Christian simplicity, adorned his professional life and commanded the respect of all.

DEATH OF DR. DANIEL DRAKE.—We regret to announce the decease of this veteran of the profession, who died in Cincinnati, on the 6th of November. Dr. Drake was a native of New Jersey, but early removed to Cincinnati, having become a resident of that city twelve years after it was founded. He was the originator of the Ohio Medical College, and, at the time of his decease was Professor of the Practice of Medicine in that Institution. He had but recently brought to a close the second volume of his great work, the *Medical Topography of the Mississippi Valley*. This was his crowning literary effort, and will stand as an enduring monument to his indefatigable industry. In carrying on this work, he has, during the last thirty years travelled, from time to time, over almost every portion of the Mississippi Valley, in search of facts, Geological, Meteorological, Botanic and Climatic. For most of the facts embodied above we are indebted to the public journals. Will not some of our Cincinnati readers furnish us with a biographical sketch of this distinguished son of New Jersey? *

The death of Dr. BUCKNER, Sen., editor of the Repertorium für Pharmacie, is announced in the British and Foreign Medico-Chirurgical Review. "He was another example of the ruling passion strong in death. Making some movement just before the fatal event, one of his friends asked the cause. 'I am thinking,' he replied. 'Of what?' 'Materia medica'." *

ECLECTIC AND SUMMARY DEPARTMENT.

On the Treatment of Facial Neuralgia—M. CAZENAVE informs us (*Revue Médico-Chirurgicale*,) that he has had marked success in removing the pains of hemicrania and facial neuralgia by means of the following pomade:—

Pure Chloroform, dr. iv.
Cyanide of potassium, dr. iijss.
Axunge, oz. iij.
Wax sufficient to give consistence.

M. Cazenave professes to have tried the cyanide of potassium alone, without any benefit, and therefore concludes that it is this particular combination which is so valuable. The mode of using it is to rub of the ointment, the size of a pigeon's egg, into the scalp, after which the head is to be covered with an oiled-silk cap. The inunction is to be repeated according to circumstances. In facial neuralgia it is rubbed in over the affected nerve.—*Prov. Med. and Surg. Journal, from Western Lancet.*

Case of "Internal Derangement of the Knee Joint."—By G. H. H. The injury known by the above name, as well as by that of "*partial dislocation of the semi-lunar cartilages,*" has received from medical writers but a small share of the attention it deserves. It was first described by the first William Hey, of Leeds, afterwards by Sir Astley Cooper, and was noticed by a few systematic writers twenty years since, but latterly has been passed by, either without notice, or with a few casual and indefinite remarks; yet it is an incident of frequent occurrence, apt to be overlooked and maltreated, or neglected. A clinical lecture on this subject, by Mr. Smith of Leeds, who looks at the injury as it occurs in general practice, and shows the liability we are under to mistake its nature, may be found in the 24th No. of Braithwaite's Retrospect, (copied from the Lancet.) Mr. S. shows that Mr. Samuel Hey, an excellent surgeon, overlooked, for ten days, an injury of this character, which he then cured immediately by making "*forced flexion.*"

A perusal of this lecture brings to mind several cases of this injury which have come under my own observation, the best marked example of which I send for publication.

Aug. 24, 1851. Was summoned to see a lad about sixteen years of age, who the messenger said, had hurt his knee. I was informed that about 5, A. M., by some accidental step, he had slightly injured the left knee; he immediately discovered he could not perfectly straighten the limb; from a slight limp his lameness increased so rapidly that in a few minutes he became unable to support himself, or to move the joint; in this condition he was assisted into a wagon and conveyed twenty miles, where he was left to recover by rest from what was considered a slight sprain. I saw him at 12 M.; the pain which, on his arrival at 8 A. M., was very tolerable when in a state of rest, had increased to perfect agony, rendered worse by the slightest jar or motion of the limb; he was sitting in a chair, begging not to be moved—his pallid countenance, cold perspiration, and feeble pulse attested strongly the intensity of his distress, and, taken in connection with the history of the case and the absence of any visible lesion of the joint, pointed conclusively to the nature of the injury. In spite of his protestations and supplications he was lifted and laid on his right side; then taking his left ankle with my right hand and making a fulcrum of my left in the popliteal space, I flexed the limb so as to bring the heel to the buttock and then brought it perfectly straight; the first time it had been perfectly straightened since the injury. He made bitter complaint of severe usage, but, at my request, got off the bed, stood on both feet, and walked to a chair without assistance; was ordered to remain quiet and bathe the knee with an anodyne embrocation. At my visit at 7, P. M., he was walking about the house, free from pain and but slightly lame. Since then I have not seen or heard from him.

This case differed from others seen before only in the great physical depression rarely seen from any cause. Strong flexion, with a sufficient fulcrum, will, I think, always liberate the cartilage from the unnatural position which causes the pain and lameness. But, as extension by the muscles of the thigh alone might not be the safest in all cases, after such forced flexion it is always best to forcibly extend the limb before removing the fulcrum from behind the knee. I have seen several cases of permanently lame knees which I doubt not were originally of this character, but from neglect became incurable; others, more fortunate, have been cured by accidental slip, causing forced flexion.—*N. H. Jour. of Med.*

The Salivary Glands..—M. Charles Bernard, the well-known French physiologist and anatomist, after a long and careful study of the salivary glands, has discovered, that each of the three common to most mammals, furnishes a different secretion. The saliva from the sublingual gland is viscous and adhesive, incapable of penetrating substances, but admirably adapted to cover their surface with a viscid coating which much facilitates their being swallowed. On the contrary, that from the parotid gland, is thin and watery, easily penetrates substances submitted to its action, and thus assists their assimilation. The saliva from the submaxillary gland partakes of the nature of both the others.

The verification of these facts was established by macerating portions of the membrane in water (as well as by actual experiment on living subjects), the liquid in which the membranes were soaked presenting the same character as that of the secretions. M. Bernard considers the secretion from the parotid gland as especially designed to assist mastication, more particularly as its amount varies according to the nature of the food masticated. The parotid glands of a horse fed on perfectly dry food, secrete a greater quantity than when the food of the same animal is moistened, or is of a succulent character. Similar results have been furnished by experiments on dogs and rabbits. It is likewise an extraordinary fact, that this gland will secrete, in the course of one hour, saliva, weighing ten times the weight of its own tissue;—a wonderful example of the rapidity with which that secretion can be separated from the blood under certain circumstances, and proving the fallacy of drawing any conclusion from the quantity secreted within a given time. The sublingual gland remains inert during the process of mastication, but as soon as deglutition commences it begins to act, and envelops, or rather lubricates the macerated substance with its viscid secretion, facilitating its passage to the stomach. The office of the submaxillary gland has much to do with the sense of taste, its secretion diluting and diminishing the pungency of sapid substances, and at the same time decreasing their power of cohesion. These glands are identical in texture, although so different in their secretions. "Each gland," says M. Bernard, "having a special act, its function is exercised under separate and independent influences. Notwithstanding the discharging into, and the mixture of their secretions in the mouth, their use remains distinct."—*Boston Med. and Surg. Jour.*

Professional Aphorisms.—The talented editor of *L' Union Medicale*, lately gave a few extremely apposite and amusing professional aphorisms, in one of his clever *fuilletons.* We shall just extract a few:

1. Life is short, the making of a practice difficult, and professional brotherhood deceptive. 2. A man's practice may be compared to a field, on which *tact* acts as manure. 3. A medical practice may be likened to a flannel waistcoat—neither can be left one moment without risk. 4. The practitioner who is often absent runs the same danger as the lover, for both may find themselves supplanted on their return. 5. Take great care of your first patients, ye beginners, for these are the seed from which your practice is to spring. 6. When a medical man wishes to get rid of a troublesome patient he need but send in his bill. 7. The practitioner who expects his reward from the gratitude of his patients, may be likened to the countryman who waited, in order to cross the river, until the waters had done flowing. 8. To ask an exorbitant fee always redounds to the disgrace of the profession. A wealthy patient who was asked an enormous sum by a surgeon, after an operation, answered, "You ought to have said at first, your money or your life." 9. When the blind credulity of the public in medical matters is considered, one does not wonder that there are so many quacks and impostors, but on the contrary, that there are still so many upright medical men. 10. Consultations are either very useful or very dangerous, just as the medical attendant knows how to manage. It is foolish to have recourse to them too often, and still more foolish to reject them altogether. Don't wait until the friends of the patient ask for a consultation; but don't talk of a consultation if you think the result will be favorable. • 11. It is not an easy task to come out of a consultation without being a little lowered in the estimation of the patient and his friends,—the more so as there are physicians and surgeons who, with the utmost urbanity, throw out perfidiously, concealed hints, which the practitioner should immediately take up, and boldly insist upon a clear statement. 12. A consultation is often a note of hand drawn by the usual attendant upon the patient, for the benefit of the physician called in to give his opinion.—*Ohio Med. and Surg. Journal.*

In the *October* number of the *Medical Times*, Dr. Charles H. Stillman of Plainfield, in this State, highly recommends creosote for its antiseptic qualities.

"Mrs. R., a lady residing in this place, died of puerperal peritonitis, a disease in which you are aware, decomposition often makes extensive progress before death. Soon after her decease, I opened the thorax by a small incision, and injected with a common syringe, 2 oz. creosote, diluted with eight of alcohol, into the aorta. Decomposition was thus not only arrested, but seemed to retrograde, the tumefaction diminishing, and although the body remained unburied a week in warm weather, and was taken at that time to the southern part of this State, nearly one hundred and fifty miles, a large portion of the distance by private conveyance, I was assured by the undertaker and friends who accompanied her remains, that not the slightest change was perceptible in her appearance, nor the least odor of decomposition when committed at last to the earth."

Chloroform as a Remedy for Rheumatism. By PETER W. MARTIN, M. D., of Nashville, Tenn.—PROF. BOWLING:—You know that acute Rheumatism is the evil genius of myself and family. Last summer my son, Schuyler W. Martin, Esq., was severely attacked with Rhematism. I applied Chloroform to the affected limb, rubbing on well for 30 minutes. It gave him immediate relief. He has had no symptoms of the disease since, having a few months previous been confined eight weeks. At the time I used it in his case, his little sister had been confined for four weeks, never having turned in her bed without assistance. Seeing the relief given to my son, I had her extremities well bathed and rubbed with chloroform for 30 or 40 minutes. She went to sleep and slept soundly for 10 hours, not having slept more than one hour at a time previous to the application. I gave her no other medication, only using chloroform when the pain returned. In a week she was going about the room, and has had no return of the disease since. I have used it on my own person in the same way with the same result; also, several other persons. I have applied it in one case of Facial Neuralgia, of long standing, with the happiest effect. The Chloroform should be rubbed on with the hand until the object is effected, (pain removed.)—*Nashville Journal.*

New Method of Treating Still-born Children. By T. WOOD, M. D., of Cincinnati, Ohio.—Mrs. C——— was brought to bed in her first confinement, and had a very protracted and tedious labor, from a rigid and unyielding vulva. The child on delivery was in a state of syncope, so profound as to leave but little hopes for restoration to life. Full five minutes had been lost in fruitless efforts to excite breathing, and the only sign of life in the child was a slight convulsive effort while its lower limbs were yet in the vagina, after which it lay flacid, ex-sanguineous, and in appearance dead. Cold air, cold water, and brandy had been thrown on its chest without producing the slightest effect, and I was about to inflate its lungs, when I noticed that the vessels of the cord were much distended with blood, and a very feeble pulsation in its arteries. Finding this condition of the cord, suggested the idea that, perhaps, if the blood it contained could be forced into the circulation of the child, it might afford the required stimulation. Instantly acting on the

suggestion, I took the cord between my thumb and fingers, and drew its whole length between them, so as to force the blood into the child, when it immediately cried lustily, and animation was completely restored. It had no more difficulty in beginning life, and is now doing well.

I report this case under the impression that this mode of treatment is original.

Since having the above case, I tried the same treatment in a child that was delivered by a long labor embarrassed by convulsions.—Animation was at once restored on forcing the blood from the cord into the circulation of the child, but there was not, previous to resorting to this means, such complete prostration of the child as in the first case, and though effectual, the result was not so striking.

My friend, Dr. A. M. Slocum, informs me that since I related my case to him, he has tried it in a similar prostration of the child, with the same happy result.—*Western Lancet.*

Allopathy.—Allopathy—What is it? We do not know—nor do we intend to learn. Let the pathys bury the pathys, or live by pathicism, if there be such a thing. The profession of medicine has stood a great deal of thieving in its time, without being materially deteriorated by the operation. Granite columns are but polished the brighter by the sand which the idle and ignorant throw upon them, though done with a view to blacken and deface.

But a friend enquires of us, "seriously, what is Allopathy?" Well, to be serious. In this age, quackery, which had waged a ceaseless war upon medicine without much profit to itself or injury to its enemy, determined to reverse the old maxim of "divide and conquer"—or rather, as it could not divide the enemy, it determined to divide itself. The various marauding parties into which it was divided having surrounded the Æsculapian camp, would each plunge in, as opportunity presented, and, seizing whatever they could grab, hurry off as fast as their legs could carry them. As the *pathway* to the public plunder was beset with dangers and difficulties, the plunder itself was in time designated as *path* or its diminutive pathy, as indicating its value from the difficulty of procuring it. That the stealage of each party might be kept separate, each attached a prefix to his pathy or plunder, and to keep it distinct from the petit larceny of the vulgar, dictionaries were consulted that these prefixes might smack of learning—hence, hydro, homœ, &c. Still the great bulk remained, despite the depredation of the marauders, seemingly undiminished. To this they would refer as the big pathy, or, to express their own contempt of what little they had got in comparison, ALL *of* THE PATHY! This has now been contracted into *allopathy*. We might have exhibited more learning by the aid of dictionaries, (having learned how to find the words) in our history of Pathicism, but all history should be so plain that a "wayfaring man, though a fool, could not err therein."—*Nashville Journal.*

Fracture of the Os Brachii at the insertion of the Deltoid Muscle, in a Colored Preacher while in the Act of Gesticulating. By W. Parker, M. D.—I was called in consultation with Dr. Sargent, in July, 1844, in the case of Mr. R. Jackson, a colored minister of the Methodist denomination who was suffering from a fracture of his right arm. He was of a stout build, very muscular and well developed, thirty-eight years old, having no hereditary predispositions and had never previously suffered a fracture of any of his limbs. There was no circumstance connected with his history giving evidence of unnatural fragility of his bones. The accident occurred while engaged warmly in an exhortation in a religious meeting, and upon making a violent gesticulation. On examination, the right humerus was found broken at the attachment of the deltoid. Union took place in the usual time.—*N. Y. Journal of Medicine.*

American Medical Association.—The Sixth Annual Meeting of this Association will be held at the City of New York, on Tuesday, May 3d, 1853.

The Secretaries of all Societies, and other bodies entitled to representation in this Association, are requested to forward to the undersigned a correct list of their respective delegations as soon as they may be appointed; and it is desired by the Committee of Arrangements that these appointments be made at as early a period as possible.

The following is an extract from Article II. of the Constitution:

"Each local society shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for each additional fraction of more than half this number. The faculty of every regularly constituted medical college or chartered school of medicine shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate."

EDWARD L. BEADLE,
One of the Secretaries of the Am. Med. Assoc.

42 Bleecker street, New York.

The medical press of the United States is respectfully requested to copy the above.

THE

NEW JERSEY MEDICAL REPORTER.

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Organized Quackery.—How should it be dealt with?

By S. W. Butler, M. D.

Tired, and too sleepy to read profitably, we lay aside our books, and seek, by throwing thought and energy into a new channel to arouse our slumbering ideas in the use of the pen. Perhaps it was unfortunate, but the pen wrote the title of this article as the subject of a few nightly meditations.

Quackery, in its various forms has become a hackneyed theme, and yet it is, and will be, an inexhaustible one, as it is, in itself, so changeable in its nature, that it must be met from time to time and combatted in some new form. Much has been ably written on the subject, and yet much "zeal without knowledge" has been manifested by different writers who have treated of it. This is evident from the different and opposite modes recommended and adopted by members of the profession of dealing with it. For while one will avert the eye from it, as an unclean thing, not fit even to behold, another will grapple with it, and would fain rid the medical body politic of the foul exeresence *vi et armis*. Here, one deals with it argumentatively, and absolutely demonstrates the utter falsity of its pretensions, while there, another, deeming it wholly beneath the notice of serious argumentation, applies to it the test of sarcasm and ridicule. Meanwhile the evil flourishes like a green bay tree, and never have its pretensions been louder, or covered more ground than at the present day. Time was, when the quack peddled his specifics and his promises over the country, and vented his spleen against scientific and honest practitioners of the healing art, by mounting the rostrum on fair-days, in the market-place, or on the corner of the street, and holding forth to motley groups of hucksters, street-sweepers, messengers, butchers and bakers boys, apprentices and footmen. But this business proved too profitable to be abandoned to illiterate peddlers, and soon, men entered the lists with them, claiming, nay, some of them holding, the honorable title of *medicinæ doctor*, who, for a paltry mess of potage were willing to barter honor, honesty, pride, and all those qualifications, which combine to form the high-minded and heaven-born physician.

The Professor's and editorial chairs, and, alas! too often the pulpit too, now vie with these men in their warfare against the practice of medicine. Men there are, who receive the honors conferred by the diploma, thereby tacitly at least (and it should ALWAYS be *in form*,) agreeing to be bound by the code of honor recognized by the profession, who, when the day of trial comes, when, through incapacity, or want of patience to "bide their time" they have failed to realize their grovelling hopes and expectations, forgetting that "no legacy is so rich as honesty," they have wantonly divested themselves of it as of a cast off mantle, and with fortune hunters and thieves, sought worldly wealth as their highest ambition.

Yet, comparatively few who have been properly educated in the ranks of the profession, have dared to run counter to their convictions of duty, and we must consequently look to the ranks of the illiterate and vulgar —the *oi polloi* of society, for the sappers and miners who wield the tools, while they take up and prolong the cry of these few, in their war against medicine,—"Hodie, hodie, delenda est Carthago!" It is idle to suppose that quackery is merely *couchant*—to borrow a figure from heraldry—seeking sly opportunities to take advantage of the unwary. While it is this, it is also *rampant* claiming to be part and parcel of medical science; nay more, *volant*, it boldly soars aloft and claims to be its very impersonation. Pelion must be piled on Ossa that the very heavens may be scaled to dethrone the mythological deity, who presides over health and longevity.

The object, and aim of quackery is always, and everywhere, one and the same; yet, chameleon like, it changes its dress to suit times and circumstances, and with more than kaleidoscopic variety, offers its wares to suit the fancies and the pockets of its admirers. A slave of fashion, it now presents them in the form of pills, and anon in the shape of draughts. Now powders, and then galvanism or cold water, are all the rage. Here it appeals in the shape of sugar pellets and tasteless "solutions" to the fastidious palates of single sisters, and fashion mongers of upper-tendom, whose sole occupation is to hear, and to tell of "some new thing,"—and there, in the shape of lobelia and cayenne pepper within, and "yarbs" and steam without, it tickles the palates, and opens the pores and pockets of the other extreme of society.

Nor is this all, for each potion, pill, or powder must have some inherent, independent attraction, as "golden," "magnetic," "purely vegetable," "sugar-coated," "Indian," etc., etc., as though one vied with another, to see to what extent poor human nature is capable of being imposed upon.

But when quackery in one form is consigned to the tomb of the Capulets, forthwith it again mounts aloft, "and soars and shines, another, and the same."

> "Scarcely have the claims of legitimate medicine been vindicated against the attacks of Homœopathy, Hydropathy, and the other fashionable follies and quackeries of the day; hardly have our allopathic ranks, to use the enemy's term, rested for a moment from the combat, when from the distant north come portents of a gathering storm, to task again our energies in the defence of the true science of physic. Old England is threatened once more with a Scandinavian invasion, not indeed this time of savage Vikings, and uncouth hirsute warriors, but of trained Gymnasts and Athletæ, burning to take the field, and to carry by storm, or else under cover and pretence of science, those strongholds of our art, erected by the combined labours of the medical world during preceding ages. To judge from the proclamations of their leaders, nothing less will satisfy the invaders than the utter discomfiture of the drug trade, as connected with the healing art; the Pharmacopœia shall be scattered to the winds, Apothecaries' Hall shall be closed, and the doctors of the next generation shall forget the Materia Medica, and shall become accomplished athletics, masters of the science of defence, and superintendants of gymnastic exercises,"*—and *Kinesitheray* becomes a new candidate for popular favor, and a new antagonist to the ranks of legitimate medicine.

Well,—so it is, and *so it will be*, as long as there is one vain man left to seek after vanity. Not content with the allotments of Providence, man will continue to seek to rob death of his victims. The siren voice of the tempter, "thou shalt not surely die" still rings in his ears, and if scientific medicine fails to arrest the march of disease, as fail it must, sooner or later, if there be any truth in the sentence, "dust thou art, and to dust shalt thou return," he will continue his search after some universal catholicon, some elixer of life, before which disease and death will pale and vanish away. The wildest mythological fancies of the ancients only led to the discovery of a stream whose waters rendered the bather invulnerable in all points save one, yet we, "grown wiser than our fathers" will be satisfied with nothing short of absolute earthly immortality. *We hold that this furor after specifics and cure-alls, betrays a vague disbelief in the heart of man of the revelations of holy writ, nay, we have long felt that quackery in its different phases, and infidelity in*

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*British and Foreign Medico-Chirurgical Review.

her numerous forms, are but cousins-german. Certain it is that one sort of *ism* generally begets another. With, we think, comparatively few exceptions, it is not the truly enlightened and Christian portion of the community who are the advocates and supporters of medical heresies. Homœopathy had its rise with the neologistic notions of modern German philosophers, Michaelis and Kant representing the one in theology, and Hahneman the other in medicine. It will thus be seen that we regard the subject as having a great *moral* aspect, and we repeat so long as vain man will seek after vanity, so long as worldly immortality beclouds a heavenly, in his contracted vision, just so long will quackery and medical imposition flourish in some form, until, as the dying infidel is constrained to say, "Thou hast conquered me, O Gallilean!"—its votaries will when, it is too late, find that they have been pursuing an ignis fatuus, which has led them hither and thither, but to mock them, and then overwhelm them in bogs and quagmires, which they might have escaped many years longer.

Perhaps in no country, is quackery so thoroughly organized, as in our own. The very genius of our institutions insures to all, full liberty to propagate their ideas on any subject that does not endanger the state; and, as in union there is strength, colleges, societies and associations, national and sectional, are formed, for the propagation of every species of medical heresy. Journals and Transactions are published, the whole drift of which, is a crusade against legitimate medicine, with whining appeals to popular prejudice and sympathy. Nor does this organization of quackery with us, prove that we are more infidel than other nations, but that we have less stringent laws for its suppression than they have.

And now, we will proceed to inquire in a few words,—What is the duty of the physician? What course ought he to pursue in reference to this gigantic evil? Should he fold his arms in utter contempt or indifference? While the enemies of scientific medicine are all on the alert, has he no hearths or altars to defend? We are not of those who think that he ought to be indifferent in this matter, for as the conservator of the public health, it is the physician's duty to be active and bold in defence of the right.

But first, let him see to it that his own skirts are clear. Let him not even *in appearance* strike hands with quackery, but hold himself entirely aloof from all connection with it. Alas! the *worst* quacks are *regular* quacks, just as the worst infidels are those who profess to hold the principles of Christianity, while they deny its distinctive features, and refuse to acknowledge its divine author. There are, we fear, men of great pretensions in the profession who do things they would scout in a *professed* quack.

What then should be the form of our opposition to quackery—what should be our course? We believe it should be eminently conservative, occupying a middle ground between utter contempt, and sufficient notice to give it notoriety. And in our estimation ridicule is a weapon which must be very guardedly wielded. It is a powerful weapon, but so equipoised that it is easily turned upon him who wields it. With it, Cervantes met and disarmed, the knight errantry of the middle ages; but the Cervantes is yet to arise whose Don Quixote will, by ridicule, annihilate the knight errantry of modern quackery, as did his de la Mancha that of the medioeval period, and we sincerely doubt, if the hero of even a Cervantes should endeavor to break a lance with modern quackery, whether he would disperse so much as a flock of harmless sheep, or a solemn and defenceless funeral cortège.

As the theologian meets infidelity in religion, and confutes it, by argument, so should the enlightened medical man on proper occasions deal with infidelity in medical practice. And yet our war should be more defensive than offensive, *unless we can so carry the war into Africa by rigid chemical analysis, as to make a systematic exposé of the ingredients of which empirical remedies are composed.*

We have endeavored to present a few new thoughts on the subject of quackery, and if the matter has not been such as our readers would have preferred, we have the consolation of knowing that the fault is theirs for not supplying us with better.

BURLINGTON, N. J., *December*, 1852.

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*Remarkable account of the Yellow Fever as it prevailed among the Indians on the Island of Nantucket, in.*1763-64. By the EDITOR.

The facts contained in the following interesting history of the Yellow Fever as it prevailed on the Island of Nantucket in the years 1763-64, are taken from one of the note books, kept by my father, Dr. Joseph Parrish, late of Philadelphia.

The record was made in 1805, after a visit to the Island, and the facts were given by a gentleman who was one of the Selectmen at the time of the epidemic. It was introduced in the following manner—a vessel arrived off the bar of Nantucket, having on board a number of passengers from Ireland; and the fact that two dead bodies were seen floating upon the sea, aroused the suspicions of the authorities that a fatal malady was prevalent among the passengers. It was supposed to be Small Pox, and several of the inhabitants who had had this disease were deputed to ascertain the fact. They returned with information that it was the Yellow Fever. The Selectmen now issued orders to the Captains to throw no more of the dead overboard, but to bury them on the shore, for which purpose, spades and shovels were sent to them. At the same time, orders were given that no intercourse should be had between the inhabitants of the Island, and the people in the ship.

Previously, however, to this command, several persons had left the vessel, and, together with their baggage, had taken lodgings at the house of an Irishwoman. A messenger being dispatched to direct them to leave the Island, it was found that an Indian woman at the house, was engaged in washing the clothes of some of the passengers.

This woman resided in the family of the Priest, in a neighboring village; and in nine, or at farthest, eleven days after being at the boarding house, was taken with the disease, and died. The Indian Priest, and all his family were seized, and died; as well as the greater part of the inhabitants of the village; and from this it spread over the whole Island, confining its ravages almost exclusively to the Indian families. The following extracts are copied from an original manuscript, made by one of the most respectable inhabitants of the Island.

"A list of the Indian natives who died on the Island of Nantucket with a Yellow Fever, from 1st of 8th month, 1763, to the 20th of 2d month, 1764.

"The number of Indians belonging to and inhabiting the Island of Nantucket, at the time this most grievous visitation began among them, was,	301
Of these had the distemper,	259
Of which died,	228
Out of 259 that had it, there survived,	36
The number who lived among them, not infected,	34
The number who lived in a remote part of the Island and shunned going among them during the sickness,	8
The whole number on the Island, that escaped,	42

The same person thus writes, "Although their habitations were nigh to us, and they, during the sickness, daily passing among us, and some of us at times, (though not frequently in the latter part of the sickness) were among them, yet no white person was infected with it; even several of those who came short with it, were livers among the English, and were seized with the distemper in the houses they lived in, and were not removed before they died." Another informant states, that the only white person affected with the disease, was the Irish woman who kept the boarding-house—and that the sick had no medical assistance, physicians refusing to go among them. He, himself, visited them frequently, and described the following symptoms; pain in the head, soon followed by a yellowness of the skin and eyes, the yellow changing to a livid hue just before death, and delirium in fatal cases. Some died in forty-eight hours from the time of seizure; some who survived the eighth or ninth day, recovered entirely; some had glandular swellings which suppurated; two of these recovered, and the ulcers healed kindly; others appeared to die from suffocation, apparently produced by the tumefaction about the throat. "Hemorrhage from the nose also occurred; the face and eyes particularly, of those who died of a short illness, were swelled in a shocking manner, and some who survived the first shock of the disease, died with lingering complaints." The two patients who recovered under the care of the informer, took nothing but "Bohea tea and Cranberry porridge." The two Indians who buried the dead, were in the habit of filling their mouths with tobacco, and taking a dram of rum, before entertering any house to take out a corpse; and both survived.

NOTE.—Though this narrative was originally derived from an unprofessional source, it is nevertheless, to be relied on as true, being certified to by respectable citizens, and confirmed by official record. It is presented now, as a relic of nearly a century, not being devoid of professional and historical interest.

Cholera Asphyxia. By J. H. S.

Mr. Editor—We wish to relate a short story, mainly, for the moral to be derived from it. Let us premise by a brief exordium. The city of Erie has always been remarkably exempt from Cholera Asphyxia. During the summer of 1850 there was not, we believe, a single case here. In 1851, some three or four occurred on the dock—all brought, however, from other lake towns. During the season just past, we can recall but eight or nine distinctly marked cases, three of which it was our own misfortune to attend, and one died "unaided by leechcraft." Nearly all of these, except our own, were traceable to infection received elsewhere. On the morning of August 11th at 11 A. M., we were called to see J. W., and found him lying in a small hovel on the lake bank; said hovel smell-ing very disagreeably, from slops, &c., thrown about the door. He was aged about forty; of a robust build; constitution evidently injured by hard drinking. All the preceding night he had been vomiting and purging profusely, a clear transparent liquid, very slightly tinged with yellow, and containing numerous white flocculi. His extremities were cold. A *burning pain in the epigastrium*, and *intense, unquenchable thirst.* Tonic cramps were commencing in the calves and thighs. Countenance full and slightly flushed; mind clear and cheerful; no anxiety. Prescribed a sinapism to epigastrum; friction of extremities with mustard-water and Ol. Terebinth; very cold drinks, rarely repeated, and Hyd. Chlorid. Mit. grs. ij et opium gr. ss., every half hour.

Fearing that his attendants were too much intoxicated to administer the remedies properly, we returned quite early in the afternoon. Meanwhile his kind and considerate, self-constituted nurse, a burly fellow, had made the most of his time, and in zeal for the patient's welfare, *had knocked him down* for trying to reach the water-pitcher, thereby driving one of his teeth down his throat. In reply to our remonstrances, that worthy declared, that 'cold drinks were bad after "*chamomile.*"'... By this time the vomiting had nearly ceased, and the alvine evacuations were less frequent, though unchanged in their character. But the cramps still continued, and the countenance was becoming shrunken and anxious. Continued the Cal. et Op., and prescribed Ammon. Carb. gr. v, every half hour. Also, directed warm cloths, hot bricks, and continued friction to extremities. At our next visit, in the evening, the patient was convalescent. The vomiting had entirely ceased; the purging almost so, and was converted into the natural, healthy, bilious colored discharge. The face was again flushed; the cramps had disappeared, and their place was taken by a tremor of the limbs. Moreover, the patient began to "see snakes." Delirium Tremens was supervening on the sudden exhaustion and deprivation of liquor. Continued Opium and Ammon. Carb., and directed warm wrappings and quiet. We refrained from the use of liquor for the delirium, from a regard for the moral welfare of the nurses, and a desire not to "tempt them overmuch." Next morning the diarrhœa had ceased, and the delirium nearly so. In the afternoon, Mr. J. W. was quite well. So much for introduction.

On the morning of Wednesday, October 13th, at 6½ A. M., we were aroused by a Hibernian acquaintance with a request to go and see one of his friends who was very ill. While dressing, we endeavored to extract the history of the case which was nearly as follows.

The son of Mr. S. (the sick man,) a small boy had, on the morning before, been seized suddenly with violent vomiting and purging of a colorless fluid. Cramps and abdominal pain, with great thirst supervened, and in the afternoon the child died, no medical aid having been sought. In the evening a "wake" was held, of course, and the carouse, lasted all night. About three o'clock in the morning, the father was seized with the same symptoms, and now nearly four hours had elapsed before we were notified. We proceeded at once to the scene of suffering. This was a small, wooden, two-roomed house, situated in the outskirts of the town, close to the canal, and immediately contiguous to a starch "factory." Before entering, a glimpse of the cellar filled with green, slimy, putrid water, and a smell of the sickening, malarious odor arising from it, convinced us of the "fons et origo mali." Stepping over the threshold and reaching the inner room, a scene appeared such as a novelist would revel in, but such alas! too frequently witnessed by physicians to appear at all romantic to them, though custom never deprives it of its disagreeable impressions. In one corner of the bare, unfurnished, chilly room, lay stretched out upon a few boards, the stiffening form of the dead child, its little upturned face appearing calm and tranquil, though its features were pinched and emaciated. Around the corpse, traces of the past night's orgies were profusely scattered. Clay pipes, papers of tobacco, sweet cakes, candies, and a brandy bottle, gave evident token that the wants of the living had not been forgotten in mourning for the dead. But where were those living revellers now? Alas! when the strong man was smitten down in agony, his *sympathizing* friends had fled. And of all the number, none remained but a few women;—the sex ever faithful "when pain and sorrow wring the brow." In another corner of the same room, in full view of the corpse, was extended on his couch the athletic father, his countenance convulsed with pain; his limbs contracted with spasms. Seized at 3 A. M. with vomiting and purging, though without pain, of a colorless liquid with white flocculi, it had increased until the evacuations were already involuntary. Cramps had commenced in the flexor muscles of both legs and arms. At present there were tonic spasms of both flexors and extensors; the fingers and toes were blue, curved, and arched; cold and shrivelled as though long immersed in water. A burning pain oppressed the epigastrium, accompanied by an intolerable thirst; the countenance was anxious and collapsing.

It is not, however, now our object to speak of the characteristic symptoms of Cholera. Mr. S. was duly dosed with Calomel and Opium, large doses of Tannin, and small ones of Zinc. Sulph. He was rubbed with divers liniments, wrapped in warm blankets, had hot bricks to his feet,

&c., &c. It was attempted to allay his thirst by means of pounded ice, iced lemonade, &c. In short, everything was done which a few half frightened women could do, and which we could suggest in six long visits. But all was in vain. "Pallida mors æquo pede pulsat regumque turres, pauperumque tabernas." His spiritual adviser was called, administered the last consolations, and by 3 P. M., John S.'s soul had passed to Him who gave it. The hollow eyes and face, emaciated in a few hours, indicated the disease. Meanwhile, his two surviving children had been similarly attacked, and we had addressed similar measures to their treatment, and likewise ordered them to be immediately removed from the house. But the illness of the father, and the impossibility of getting sufficient nursing for him, paralyzed all effort in regard to the children. They were allowed to lie unheeded on the floor like dogs, despite all our remonstrances, until a compassionate neighbor took the infant home with her and retained it for some hours, when on the appearance of vomiting, fear of "contagion" overcame considerations of humanity, and the baby was returned—*munching a green apple.* Matters now looked serious enough. Two persons had fallen victims in twenty-four hours to the horrible malaria of that house. Two more were sick. And, spite of every promise from the friends, it was manifest that the family, depressed as they were by grief and illness, would yet have to remain another night over that open grave! The smell was most oppressive. We had ourself begun to feel a dullness and heaviness from our long stay in it, and urged the neighbors by everything they held dear, to remove the survivors. But the only reply was, "after Shane's wake, docther." Towards evening, the children seemed somewhat better, and after dark, we started again to see them. It was an awful night. There was some snow upon the ground, and on this had fallen a drenching shower, sufficient to convert it into the most chilling and penetrating "slush." The rain still poured down in steady streams, relieved occasionally by a piercing gust of cold north wind, that drove the icy drops through our clothing to the skin. The darkness was Egyptian, of course not even mitigated by a flash of lightning; and having a characteristic aversion to carrying a lantern, or any other portable professional emblem, our situation was rather unpleasant. It became more so when we lost our way on a common, and went wandering about, over the soggy ground, the cold slush filling our shoes at every step. This inconvenience, however, was not of long duration. A reeking odor soon warned our olfactories of the proximity of the house, and scarcely could we catch a glimpse of its black bulk booming against the almost equally black sky, ere our ears were assailed with a howling, as of an entire menagerie of wild beasts. A moment's thought reminded us of the cause, and with some indignation we struck forward and opened the door.—"Vow! Tam saw an unco sight." Slightly to transpose Sir Walter; "the tempest without having ceased its wild din, gave place to the tempest that thundered within." In the outer room, our two little patients lay *upon the floor*, totally unnoticed and uncared for. The inner apartment, in which were the two corpses, was crowded with robust men and brawny women. Fear had prevented them from aiding their *living* friends, but could not deter from "waking" his dead body. There they were, smoking constantly, drinking more than occasionally; now laughing at something good, and anon howling the "keen" over the dead. Now flinging their hands wildly aloft; again clasping and wringing them in anguish as they interrogated the corpse. "Shane dear, and why did you die"? Och, mavourneen, and are you gone"? "Oh, wirra, wirra," "an-an-an-an-oh-och hone, och hone." "Oh Shane achree." "Acushla machree"—&c., &c. Now, with every regard, for the sacredness of grief, and making every allowance for the impulsive temperament of our Hibernian friends, it was still difficult to perceive the propriety of neglecting the living, to howl over the dead, and accordingly our wrath was vastly excited thereby. We at once demanded to see the mother; and she very coolly sent word that she was too *busy* and too much overcome for the interview. We promptly replied, "very well, *we* are too busy to remain longer," and started for the door. This created an immediate excitement, and the whole assembly of burly, swarthy sons and daughters of Erin came crowding out, with the mother in their midst, and surrounded us; their cries and lamentations being hushed as if by magic, we sternly asked, "what do you mean by neglecting your children thus? Have you done half that I ordered?" "Och, thin, docther dear, and to tell you the truth, it's little care I had for little Dan achree, when him that's in glory was alive—ochone.—It was his own four bones I cared for, and he's gone—and it's clean out of my mind I am." "That's no excuse. Your children are suffering and must be attended to." "Och, yis, docthor *when I've seen the last of Shane dacently.*" "You'll see the last of your children *indecently* then," interrupted we, moved beyond all patience, and sick to boot. "Let the dead alone. They are beyond help. Mind the living." And yet our heart bled for that poor ignorant wife and mother, whose "bread winner" was gone. We enquired, if "no one there had any sense left," but in the entire crowd could only find one girl fit to be entrusted with the administration of remedies. Leaving the house of death, with the comforting assurance that more of them would have the disease for that night's frolic, we started for home. The night still continued pitchy dark. "The wind blew as 'twad blawn its last," and passing by a church yard, we could scarce help regretting that by our professional education we were deprived of those beautifully superstitious feelings, so romantic to most persons; and that we had learned to look upon death and decay with the eyes of a physician, and not of a poet. But all other thoughts were soon merged in the painful consideration of our own health. Things began to grow dim before our eyes: a strange dizziness, and chilly feeling oppressed us; and, as we reached our bachelor office, about 10 P. M., we could no longer deny that we were decidedly unwell. We fought, and smoked against the conviction as long as possible, but the sickness of the stomach increased; then came pain in the abdominal viscera, and a decided tendency to diarrhœa. We examined the matter closely, and its appearance was not pleasant. Long confinement in a malarious atmosphere, the loss of a meal, and then exposure to wet and cold, gave fair ground for uneasiness. *But* there was no *thirst;* no *burning* pain; no vomiting; no *rice water;* and no cramps of extremities. Which consideration seeming satisfactory at last, we took grs. xij. Hyd. Chlorid. Mit. and retired un-nursed, thinking that a bachelor was *sometimes* punished for the privileges ordinarily enjoyed by him.

The next day, weak and uncomfortable from the disease—and the Calomel, we renewed our duties towards the orphans; and, in the course of the day, succeeded in getting them removed from the house of death, to a little "lean.to" against another shanty in the vicinity. Nothing but imminent danger would have rendered *such* a removal desirable.. Their present quarter was a little kennel *literally* about six feet square, sunk some three feet below the level of the marshy ground, and full of cracks and crevices. In this were the mother, two children, a bed, a cooking stove, cradle, chest and bench. But, despite the discomforts of such a residence, it was far better than inhaling the deadly malaria, which had previously been their portion. In this home, we visited them regularly. The infant rapidly convalesced, but the elder child, though relieved of urgent symptoms, kept gradually sinking under the influence of continuous diarrhœa aggravated by the presence of worms.

Thus matters went on until Sunday afternoon, when we received a a message that another man had been sick all day with a tremendous "cutting through him." Angry at the carelessness which permitted such a disease to exist so long unrelieved at such a time, particularly as we had been at the house in the morning, we were yet unable to see the new patient until evening. And then our pilgrimage was renewed with a heavy heart. Arrived near the house of sickness, we were amazed at the appearance of a doleful procession from the new residence to the old charnel house. In reply to our indignant queries, we learned that the attack of this latter man had completed the panic. His disease was ascribed to *contagion* from the widow and orphans; and all four were now being removed pell mell to the nearest vacant shelter,—the deserted shanty. This was too much for our patience, and we greatly fear that our language on the occasion to the perpetrators of this inhuman act, was more energetic than elegant. But indignation availed nothing. There lay the smitten one, writhing and cursing on the bare floor, with the dank odor of disease steaming up into his very nostrils. And there stood that deserted mother, clasping her babe to her bosom, the other child stretched at her feet, and looking as though she prayed God to take her too. On our entrance she grasped our hand convulsively and exclaimed. "You're all the friend I've left.—My relations and neighbors have deserted me." We felt this appeal, and calling one of the relatives from a distance, who came in fear and trembling only to the door, said to him. "These people *must* be removed. Go to the Directors of the Poor and get a permit for the Hospital." The poor fellow, willing to do anything which would not bring him in contact with the sick, started at once, but soon returned saying that the Directors could not act under twenty-four hours. Stifling our rage at this new inhumanity, we told him to go and engage a room at the Hospital for three days himself, and engage to pay for it. This he succeeded in doing, and by 10 P. M., they were all there.

This "Institution" is a county affair, and consists of a two story frame house of about four rooms, or possibly six, located more than half a mile outside of town. It is given, rent free, to the family who occupy it, and who are allowed a certain fixed sum per diem for every one placed there by the county authorities, and are permitted to get all they can from those whose friends place them there. Consequently it is an object to retain patients as long as possible, to consult cheapness in everything, and to go to as little trouble as they can. There are no regular nurses employed, and on the present occasion, a son of the tenant was lying in one of the lower rooms with an amputated leg, and the whole family were occupied in attending on him. When our protegés were once deposited in an upper room, their *friends* disappeared as if by magic; and, on our arrival we found the poor, exhausted mother lying asleep with her infant at her breast, and her sick child tossing at her feet on one bed; and the man writhing on the other. Beside him stood his brother, himself sick and terribly frightened. Of course this was no treatment for a

Cholera patient. We had at best, but little hope of his recovery. And all our efforts to procure nurses were unavailing. The panic had spread too widely. However, the woman of the house did what she could, and the brother exerted himself to the best of his limited abilities. We pushed the Calomel and Opium treatment as far as safe, and of course, used external remedies also; and subsequently employed Tannin, Camphor, Plumb. Acet., and, to sustain the strength, Peruvian Bark.

Next morning our patient was better, but his brother had become alarmed, and deserted. We now acted both as physician and nurse. Previously to this we had interested our friends, who clothed the unfortunates. The succeeding night, the man needed but little attention, and the child died. The subsequent morning, our man being convalescent, we did what we should have done at the first, and "put him on the county;" when he was handed over to the county physician, and having his wants supplied at the public expense, soon recovered.

From the foregoing narration we deduce the moral—

1st. That a country doctor's life is no bed of roses, and does not "resemble one long day of light," and that any one who studies medicine is by no means a Solomon.

2d. That Dr. Gayley's theory, that Asiatic Cholera originates in congestion of the Liver, and is derived from Malaria, is correct. The latter proved by observation; the former by the success of treatment predicated on that theory; as we saved two cases by Cal. et Op., and only lost one; —the children not being in the list; they having had chronic Diarrhœa, as we subsequently ascertained.

3d. That the erroneous idea of the "*Contagion*" of Cholera should be removed from the popular mind.

4th. That every town should have *efficient* Hospital regulations, by which patients need not be detained twenty-four hours before being permitted to avail themselves thereof;—and may then be promptly nursed and cared for.

5th. That the whole burthen of the charge of paupers ought not to be thrown upon the medical man, who may be unhappy enough to see them first.

BIBLIOGRAPHICAL NOTICES.

The Principles and Practice of Dental Surgery: By CHAPIN A. HARRIS, M. D., D.D.S., Professor of the Principles and Practice of Dental Surgery in the Baltimore College; Member of the American Medical Association; Author of Dictionary of Dental Science, and Medical Terminology, etc. etc. Fifth edition; Revised, Modified, and greatly Improved. With Two Hundred and Thirty-six Illustrations. Philadelphia: Lindsay & Blakiston.

This work will, undoubtedly, occupy a high rank in the surgical literature of our day. Coming, as it does, from the pen of an experienced operator in Dental Surgery, it cannot do otherwise than embody the most reliable information connected with that important science. Throughout the entire work there are unmistakable evidences of its author's exact knowledge, mature judgment, and original and independent observation. To the Dental practitioner, it must prove invaluable; as it embraces a complete history of the mouth, its organs, and their various diseases, with all the latest discoveries and improvements relating to their origin, progress, and surgical treatment. The department of Mechanical Dentistry is full and entire, and contains the valuable additions that have recently been made to that particular branch of the science. The engravings are abundant, well executed, and of easy reference. We cheerfully recommend this volume, not only to the dental profession, but also to our medical friends, as one containing more useful information in regard to the subject of which it treats, than any work within our knowledge.

J. E. P.

Practical Treatise on Dental Medicine; being a Compendium of Medical Science, as connected with the study of Dental Surgery: to which is appended an Inquiry into the use of Chloroform, and other anæsthetic agents. Second Edition, Revised, Corrected, and Enlarged. By THOMAS E. BOND, A. M., M. D., Professor of Special Pathology and Therapeutics, in the Baltimore College of Dental Surgery. Philadelphia: Lindsay & Blakiston.

In explanation of the design and contents of this handsomely printed, and exceedingly well written volume, we need scarcely offer more than the title, as it is given above. Than its object, as therein stated, there can certainly be nothing more commendable. To make the Dentist acquainted with the practice of medicine, as it is connected with his own calling, must strongly tend to elevate that calling, and to render him, individually, more worthy of public confidence. And, while such a result is attainable from a knowledge of the volume under notice, it will also be found not unworthy of the attention of the medical practitioner, since it may greatly increase his acquaintance with the many dental causes, which operate upon diseases within his own peculiar sphere of observation. Believing this of Dr. Bond's volume, we can but recommend it to the notice of our friends; though, perhaps, such recommendation may appear superfluous, after the warm praises it has received from the most prominent Medical Journals of the country. J. E. P.

The Physician's Pocket Dose and Symptom Book, containing the doses and cures of all the principal articles of the Materia Medica, and chief officinal preparations, &. &c. &c. By JOSEPH H. WYTHES. M. D. Author of the Microscopist, Curiosities of the Microscope, &c. &c. Philadelphia—Lindsay & Blakiston, 1853.

This is as good a Dose and Symptom book as we have seen; it embraces a good deal, and condenses it within a small compass. The preface recommends it particularly to the "country practitioner," as being small and readily carried. We do not see, however, that it is any more useful on this account, for the "country practitioner," or any other, who does not carry his knowledge of doses and symptoms in his head, instead of his pocket, will not be likely to succeed very well in the treatment of disease, even should he always have the "Dose and Symptom book" at his side. Its table of poisons and their antidotes, may be useful, as the physician, even of years of general experience, may meet with cases of this kind very rarely, and it is well to refresh his memory by a convenient reference. The great objection to this class of books, is, that they engender a tendency to routine practice, which the compiler has endeavored to avoid by presenting an outline of general Pathology and Therapeutics, under a table of Symtomatology, but we fear these will not deter many from entering the way to which other portions of the book may lead the ignorant or presumptuous.

Materia Medica, or Pharmacology and Therapeutics. By WILLIAM TULLY, M. D. Vol. 1., No. 1. November, 1852. Springfield, Mass.

This is the title of a new work, the first number of which is before us. Its publishers propose to furnish a complete system of Materia Medica, to be sent to subscribers in the form of a periodical.

They claim for the arrangement of the subject by the author, a novelty that will render it acceptable to the physician, and particularly useful to the medical student. The first number contains sixty-four pages, and consists of an introduction, and lectures on the "modus operandi medicaminum," embracing the various effects of the remedies; parts of system acted on by them;—"sympathy:—seats of primary manifestations of the operations of medicines," and non absorption of medicines into the system.

It will be printed with good type on good paper, and in the best style. The Nos. will be issued monthly, commencing in November. If from the state of the author's health, he should be unable to revise his manuscripts with sufficient rapidity, it may be necessary to lengthen the intervals of publication, of which due notice will be given.

Terms—Twenty-five cents each, or one dollar for every four numbers, payable in advance, or on the receipt of the first. No subscription received for less than four, and to be discontinued at the option of the subscriber. It will be sent to subscribers by mail. ☞ The postage to any part of the United States will be one cent a number.

As to the size of the work, we have at present no means of judging. Probably it will extend to twenty numbers.

Those who wish to become subscribers can do so by writing * * * to "J. Church, Springfield, Mass.," to whom all communications on the subject should be addressed, post paid.

EDITORIAL.

A word with Editors and Publishers.

Apropos, to the subject of quackery, treated of on a preceding page, we would add a few words with regard to the connection of our medical periodicals with quackery. We have reason to fear, that medical Editors and Publishers are at fault in this matter, though we know not to what extent. It is known to the profession, that there are several Journals published in different sections of the country, devoted to the dissemination of Thomsonian, Homœopathic, and other delusions. How they are supported, it is not for us to inquire.

The editors of these publications, representing as they do, the highest claim that the advocates of their dogmas have to a place among the truly scientific, seek by every means in their power, to commingle with those who have an undoubted claim to scientific knowledge, and we are very sorry to find that *any* respectable Editors or Publishers are willing so to compromise their standing and dignity, as to countenance such an effort. It is their delight to present to their readers, extracts from, and criticisms of, the writings of scientific practitioners, as a proof that they have not altogether lost their standing. In our opinion, they should be UTTERLY CAST OUT.

Such has been our policy, toward them, when they have attempted to effect an exchange with us, for, as the Journals have arrived, we have re-mailed them in the same wrappers, and had to do so *for several months* before we could relieve ourselves of their filthy contact,—so determined were they to have us committed to a support of their course. A number of them came with whole pages marked, of extracts from some of our honored cotemporaries, and notices of books acknowledged from some of our first publishing houses, as an inducement, we suppose to "fall into line" with them. Now, we respectfully submit to our worthy cotemporaries, be they Editors or Publishers, whether this striking hands with quackery is consistent. We have seen, in at least one of our exchanges, frequent notices of these irregular publications, and, if we mistake not, extracts from them.

We have been sorry too, to see that some Journals advertise for these quacks—one of them has actually contained advertisements of the opening Sessions of their Schools, and we regard it as a miserable subterfuge for an Editor to say that the advertising department of his Journal is under the control of the publisher. He ought not to allow it to be so.

Some months since, we received an article from a certain J. X. Chabert (the quondam fire-king?) containing the most abominable specimen of polypharmia, that has reached this century, and all to cure consumption! Thinking the article smacked of quackery, we took no notice of it whatever, and ere long it appeared in the Journal referred to, and was followed by several others. The arrant quackery of the said Chabert, has recently beeome manifest by the publication af a pamphlet on the "Origin, treatment, and cure of Asiatic Cholera, Cholera Morbus, etc.," in which he offers to *sell* the secret of a preparation, which he proposes as an infallible remedy for Cholera. The author, probably, thinking that we did not on a former occasion, treat him with sufficient consideration, has not seen fit to give us an opportunity to purchase his invaluable receipt, but our friend of the *Buffalo Journal*, has received a copy of his work, and administered to him a merited rebuke. The Freeman's Journal also, a Roman Catholic paper, rebukes the spirit of the publication in merited terms.

We are convinced that we cannot be too guarded in respect to our connection with, or notice of quackery. If noticed at all, it should be done with particular care that we be not ourselves contaminated. We prefer to have but little to do with it, but we think a caution is here appropriately administered to our brethren of the press.

ANOTHER YEAR.

This is the birth-day of another year, and with it come many good things to the profession. We are rising as a profession, in the scale of knowledge and attainment. New Jersey is doing more than she has ever done, to advance the cause of Medical Science. Her State organization is flourishing. Counties are being animated with new zeal, and an upward spirit is abroad among us. Let our next Annual meeting, to be held on the 25th of this month, give still more evidence of a determination to excel. Remember the 25th of January at Trenton.

EDITOR'S TABLE.

Among the pamphlets which lie upon our table, are the following:—*Biographical Sketch of* J. KEARNY RODGERS, M. D., &c., &c., by Edward Delafield, M. D. *Read before the N. York Academy of Medicine.*

As a detailed notice of the lamented deceased has already appeared in the columns of the Reporter, it will suffice to say that this sketch is a just tribute to the memory of one who was an ornament to his profession; as such, the sketch is well worthy the notice of our readers. G. A. C. Van Beuren, printer, 223 Bleecker street, N. Y.

The present mental attitude and tendencies of the Medical Profession.—Such is the title of the Inaugural Address of Worthington Hooker, M. D., as Professor of the Theory and Practice of Medicine, in Yale College, and we can say unhesitatingly, that Dr. Hooker, in this address, fully maintains his high claim to the consideration and gratitude of the profession. His address is an able and earnest advocacy of the claims of scientific medicine, and a lucid exposition of the high qualifications and attainments, required by the medical man who would be an honor to his profession. *

ECLECTIC AND SUMMARY DEPARTMENT.

Injuries and Diseases of the Integuments and Cellular Tissue.—Burns and Scalds.—A report on these injuries, founded on the accumulated evidence of several observers, has been published in the "Transactions of the Provincial Medical and Surgical Association," by Mr. CROMPTON, the value of which can be justly estimated by a due consideration of the difficulties which unfortunately attend any attempts to gain information from a large number of our profession. These difficulties are partly avowed by the author of the report, in these words: "The evidence which I have received is of a conflicting character, and it has been a task of great difficulty to arrange my materials in their present imperfect form. I find plans of treatment of the most opposite kind pronounced to be very successful; and, what is still more perplexing, I find the same treatment commended by one person and condemned by another."

This imputation, so just and at the same time so disgraceful to the intelligence of members of a learned profession, arises evidently from the want of discrimination as to the extent and degree of the injury. Until more precision is to be found in this respect, records of treatment will be comparatively useless.

In his classification of burns, Mr. Crompton makes one or two grand divisions; the *local*, in which the injury is trifling, and not sufficient to disturb the general economy; and the *constitutional*, in which more or less severe general disturbance is the result.

These *constitutional* burns vary in the severity of the constitutional symptoms, which symptoms, and not the amount of local injury, except perhaps the *superficial* extent, give the importance to the case. These symptoms are enumerated as weakness and feebleness of pulse, and other symptoms of collapse; irritable stomach and violent shivering is one of the most striking of these symptoms, and is looked upon by Mr. Crompton as the best index of the constitutional complication. In proportion to the severity of the shivering and its frequency, are, according to Dr. Kentish, the severity of the case and its consequent danger. The importance of attention to the constitutional symptoms is well shown in the statistics of the causes of death from burns, which the author gives.

After some few remarks on the theory of the action of most external applications in burns—which is, that they act as mere non-conductors of heat, and not, as is commonly supposed, by excluding atmospheric air—Mr. Crompton proceeds to analyse the replies to his questions sent to the Association at large.

The first is, whether stimulants, as turpentine, &c., are useful in burns and scalds, and, if so, in what cases, and used in what manner? The evidence given in reply to this question is most conflicting. There appears, however, says Mr. Crompton, a growing doubt whether it merits the eulogium bestowed upon it by Dr. Kentish. In St. Bartholomew's Hospital it is replaced by cotton; in Manchester by flour. It is still, however, highly thought of by many. How is the discrepancy to be reconciled? Mr. Crompton says, because it is not generally employed as was recommended by Kentish, which he proceeds to verify by quotations from that author and from Cooper's "Surgical Dictionary," a main part of his treatment, namely, the exhibition of opium in large doses, being omitted. On the whole, Mr. Crompton decides that the evidence given him preponderates on the side of stimulants, both in large and small burns.

The next question is as to the value of cold applications. On this point, the universal opinion seems to be that they are improper in burns of large extent, and that they are of doubtful use even in small injuries.

The application of nitrate of silver to burns is recommended by Mr. Higginbottom, but no other person affords evidence respecting it.

The value of flour and cotton is next considered. Respecting the former, the evidence is most conclusive as to its value, in burns of all degrees of severity; cotton is also highly lauded, but appears to be slightly inferior to flour.

Treacle is recommended as an external application by Mr. Jesse Leach and Mr. Bulley. The latter informs us that its action is *directly sedative*, and that it lulls the pains and moderates the inflammation. It also appears to act as a disinfectant. The treacle is also used by Mr. Robinson and Mr. Snape, of Bolton. Mr. Crompton suggests that, after the application of treacle, flour should be dusted on.

The application of lotions, of which water forms a large part, is the main treatment employed by the practitioners of St. Helens, where these accidents are frequent.

On the prognosis of burns, some valuable information is afforded in Mr. Crompton's report. The fatality seems to be more dependent on extent of injury than depth, especially when the trunk is involved.

The internal treatment of burns, like the external, is the subject of considerable difference of opinion especially with respect to opium the balance of opinion, is, however, in its favour in *large* doses.

This report contains much further important information, which our diminishing space obliges us to pass over: but we will not conclude without congratulating the Provincial Association on having been the means of eliciting so valuable a contribution to surgical science.—*Ranking's Abstract.*

PHYSICIANS AND CLERGYMEN. *A rare opportunity.*—Yes, it *was* a rare opportunity which enabled our accomplished confrère, Edward H. Parker, M. D., of the *N. H. Journal of Medicine*, to vindicate before a body of clergymen the claims of scientific medicine against the pretensions of its enemies. The address was delivered before the Methodist General Biblical Institute, and is all worthy of perusal, but we can make room for but a portion of it, which we would commend to the attention of our readers. *

"You have perhaps observed that I use the word physician, and it is proper that I state the meaning that I attach to it. By no means do I conceive it to embrace that "magna caterva" who are styled *doctors;* and I would not be understood to make the statements I have, of the whole class who in common estimation are ranked as medical men. Hydropaths, homœopaths, kinesipaths and aëropaths; botanics, eclectics and electrics; seventh sons, Indian doctors and cancer doctors; I exclude the whole multitude of them when I speak of physicians.

The science of medicine, on which its practice as an art is founded, is the result of the study of several sciences, among which we may enumerate anatomy, botany, chemistry, mineralogy, physiology, and pathology; and requires a knowledge of almost all the physical sciences; an accurate acquaintance with mental philosophy, and a clear insight into the intimate relations which exist between the mind and the body. In order to pursue it successfully it requires all of a man's abilities, and all of his powers, bodily and mental. It draws its facts from the observations of men distinguished for all that adorns our human nature, and recorded by them with every evidence of sincerity, and without any possible motive for deceit. By comparing the observations of many individuals it endeavors to correct incidental errors, and to perceive the good and the true. What circumstances can there be which would lead to greater accuracy in the pursuit of any science, or more effectually guard against public errors. Of great antiquity, century after century it has thus attempted to purify and correct. In the succeeding waves of darkness which have swept over the human mind it has sometimes been submerged, but it has ever risen with the first appearance of reviving knowledge, to shed its brilliant light upon humanity. Do you ask me where medicine stood in the middle ages? Where was law when each proud Baron was to himself a law, and the swift executor of the decision of his passions? Where was theology when papal Rome ruled the minds of Europe with a rod of iron, and the clergy shut up in their monasteries all human lore—defaced the records of the wisdom of ancient Egypt, Greece and Rome, by their absurd and impotent discussions of bare formalities, denying to the human mind not only human wisdom, but the heavenly teachings of divine inspiration? Do you blame medicine for its then low condition? Beware! You wield a Damascus blade which may glance and afflict a more terrible wound upon yourself.

Is it *probable* then that this succession of intellect should have gone on, year after year and century after century, seeking only for truth, and have gone so far astray that men distinguished in no respect for ability, for diligence, for experience or information, should have suddenly discovered that all this is false? I ask is it *probable*. Yet such must be the fact, if we believe Hahnemann, Priessnitz, Thompson, "et id omne genus." I appeal to you as reasonable men, men accustomed to consider and weigh evidence, is it *possible* that such a thing should have occurred, without the teaching of some Socratic daimon, or more probably some divine inspiration. If otherwise, it is contrary to all experience and all analogy.

To what conclusion, then, can we arrive except that the founders of the various systems of medicine acted either ignorantly or knavishly. In one case their moral character would be uninjured, but in either they could not be safe guardians of the public health. To what other conclusion can we come as to their followers? and if this is correct, most certainly they should not be styled, like scientific men, physicians.

But methinks I hear it murmured that by these systems as many or more are cured of diseases, both light and grave, as by medicine. At any rate, such statements are made every day. Let us consider the ground for such statements, and the correctness of the authority on which they rest.

To judge of any scientific fact it is usually allowed that there must be a previous acquaintance with the science to which the fact refers. Thus, if it is stated that a discovery of a planet or comet, or other heavenly body, is made, the place of the supposed new body is accurately described, the elements of its supposed orbit are stated, and the whole is submitted to astronomers for their decision as to its accuracy, Upon that decision it stands or falls. So in mathematics, a supposed discovery, as of the quadrature of the circle, is submitted to mathematicians for their judgment upon its correctness. So any new combination to increase the strength of material, or to prevent friction, or of other use in mechanics, is submitted to engineers and mechanicians for decision. So in law, a question springing up which may seem to be of importance is referred to the principles laid down by Littleton, Coke, Mansfield, Story, and successively to the various benches which in the State or country are authorized, from their superior ability, to settle such doubts. In theology, too, gentlemen, do you not revert primarily to the book of books, and then to the writings of those departed fathers who by their distinction for piety and wisdom have gained the highest place in the estimation of the good and learned? And is there any reason why the same should not be true in medicine? Undoubtedly there is not. Yet a man who within six months only left the plough or the anvil, who can hardly read, and knows nothing of writers upon disease, of the symptoms which reveal it, or of the variations which establish its real character and precise location, will decide, with a positiveness which admits no denial, of the nature of a tumor; whether or not it is malignant and cancerous, or fatty and comparatively harmless; whether an internal inflammation is in the lungs, the liver, the stomach, or the bowels; when in fact he cannot tell the precise situation and limits of either of these organs, and never heard of the peculiarities of each disease and the modes of distinguishing between them. But what is stranger still is, that he will be believed by many, and among them are always found some of the more intelligent classes. How is it that this happens?

To be able to discriminate disease, a person must be thoroughly versed in anatomy, so that he can tell what organs and tissues are located in a given region of the body; what is the exact position of each vessel, nerve, muscle, and bone, and what are the relations of each to each. He must be acquainted with the natural history of diseases; that is, with the ordinary results of diseases proceeding in their natural way, unmodified by curative treatment; and he must know what symptoms belong to each, in what respects they are similar, and in what respects they differ. In order to treat diseases he must understand the effects of various remedial agents upon the human frame, and he must select from them those which in the case he believes will have the most beneficial influence upon the disease under which the patient labors. To master each, years of study are necessary, and the ordinary avocations in life do not lead to any acquaintance with them. Thus the mass of men know nothing of them, and of course are not experts in them. Still, disease is almost constantly before every man's eyes, and from childhood we learn that such and such appearances indicate that a person has a cold, or a cough, or is lame; and we hear people complain of head-ache, or back-ache, or tooth-ache, or are told that some one has a fever or a consumption, or a rheumatism.—These appearances lead us in time to apply for ourselves similar names to various diseases. Our good wives and mothers go farther, and are taught that this and that herb or tea, or dose, is good for this and that disorder. It frequently happens, too, that after their remedy has been taken the patient recovers, and it is called a cure. Do you not see from this that every body, from familiarity with disease, supposes that he knows something of disease, when most know in fact nothing at all of it? And with an undefined consciousness of our want of knowledge it does not seem strange, without reflection, that a neighbor should understand more, and credit is accordingly given to him, though unjustly. But there is another result of this state of things. There are many groups of diseases, which, though they differ entirely from each other in their origin, their seat, their progress, and their result, still have some symptoms which are similar; so that it happens that one having no more than the ordinary knowledge of disease cannot but confound them, giving one name to the whole. At the same time the difference is easily discerned by one skilled in disease. Thus, you have a severe head-ache, pains in your limbs, are cold and hot by turns, in short you are feverish; you say you have a fever. Can you tell where the trouble is? But now one who assumes to know tells you it is a brain fever, or a lung fever, or a typhoid fever, and can you or your friends say it is not so? Still he may know nothing more, perhaps not so much, about it as you. But you have no knowledge of the differences of these diseases, and cannot contradict him. Conversely, too, he may know exactly with regard to it, and you or your friends, believing you do know better, cannot from want of knowledge of medical science appreciate the facts which he says are the basis of his opinion. You cannot perceive the force of his arguments, and any attempt on his part to explain the matter would be as futile as for an astronomer to attempt to convince one ignorant of the higher mathematics of the truth of a discovery or observation in his science, which required for its demonstration the use of the differential calculus.

Do you not see that from these propositions it results that persons may yield to a positive statement concerning disease, in part from their inability to dispute it; in part from their own familiarity with the most apparent phenomena of disease, leading them to suppose it may not be a difficult thing to understand it, while they have no sort of comprehension of the grounds on which a correct opinion would be based? And do you not, also, see that you may be easily led to believe that you have been cured of a disease which you never had, and may give credit for skill which was never shown?

Here then is one source of error in your judgment of the comparative success of systems of practice, and the science of medicine. There are two others. One from the fact that the great majority of diseases tend to recovery; that is, of the whole number attacked with diseases of various kinds, most would get well without any treatment. If, now, it chances that before the disease terminates, a dose of medicine is given, that is supposed to have effected a cure, while in fact it did nothing towards it. The other source is from the fact that all must die, and it is absolutely impossible for any man to cure all patients. You may now attribute death to a remedy, which, in fact, has alone preserved life for hours, or days, or weeks. So that from your ignorance of disease and of remedies you cannot tell anything about it.

With these principles established we can now come directly to the point which I wish to urge upon you, namely, that all reason and analogy point to medical science as developed by the diligent enquiries and earnest labors of physicians; those who abandon themselves to no one idea, but seek only truth, as the only safe guide and reliance, under God, when sickness invades your family or prostrates your own strength. That, from the very circumstances of the case, you have no protection from fraud, in your own judgment, because it is impossible for you to be qualified to judge of the phenomena, and you do not know the effects of remedies. As to the numerous doctors who are followers of this system and that, I have said that I do not know on what grounds to place the adoption of their opinions except on those of ignorance or deceit. If on ignorance, no motive is required to explain their course, but motives abound why it may be followed deceitfully. Ill success as a physician, the fact of the popularity of any particular *opathy*, the passion which the public manifest for every new thing, and the natural inclination to turn from one source to another when laboring under chronic or incurable maladies, in the vague hope that something may give a transient ease or speedier cure, and the consequent larger flow of the *res pecuniae*, all afford forcible inducements to a mind which does not hold the truth dearer than all things else, and does not consider riches as nothing in comparison with the inward serenity of the upright mind. I could recount to you instances of frauds perpetrated in this way, but I have preferred to place the argument before you as cultivated men upon higher grounds, and I also desire to avoid every thing that can appear like personality.

Does any one object to my testimony because I am an interested witness, and my *craft* is in danger? Tell me what possible motive there can be for me to prefer to give full doses of medicine rather than to resort to Hahnemann's pillules. They are far easier to transport, every body can take them without making wry faces, and children absolutely cry for them. Or why should I sometimes use calomel and the other various forms of mercury, or any of the decried mineral medicines instead of vegetable preparations. Do you say it is from neglecting to give this or that system an investigation? It is not so! and it is just to physicians to say that there is no new mode of treatment proposed, however different it may be from the ordinary one, that is not earnestly scanned by them and investigated at once, and if it contains any one smallest kernel of truth it is carefully saved, while the great mass of chaff is thrown to the winds.

Gentlemen, I have laid before you what I believe to be the just view of medicine as a science and an art, and have endeavored to place before you the true position which it should hold in comparison with the various pretences by which it is surrounded. In so doing I may have laid myself open to the suspicion that my motive has been gain. I ask and expect nothing of the sort. I have simply desired to make these statements, so that when you shall go forth to your various fields of labor and usefulness, you may not from ignorance and thoughtlessness become the dupes of any charlatan or empiric. That you may not lend your influence to encourage falsehood, and to discountenance truth. You will be approached by these men, and case after case of success will be poured into your ear, while it will be insisted that some one else commits only blunders. Your influence will be solicited with the families of your congregations, or your certificate will be asked to the efficacy of some nostrum. Gentlemen, beware of all who so approach you, and beware lest you thus injure your influence in your more appropriate calling.

Your ministrations will often call you to the bedside, and you will meet there all kinds of people, who profess to know how to treat the sick. It is unavoidable that your opinion should sometimes be asked as to the attendant and the treatment. If so, give your opinion candidly and as a man. But as you value your peace of mind, abstain from enquiring into the treatment, and especially from urging change, unless it be under the most peculiar circumstances. It is assuming too fearful a responsibility and one which does not belong to you. I do not ask you to go about praising physicians and abusing pretenders. But if I have succeeded in convincing you of the correctness of my positions your influence will be silent and quiet, and it will not be against the truth. I do not fear for our science. It must stand; and certainly no assaults can be more severe than those which it has resisted. But for the sake of yourselves, and of those who may be influenced by you, I would not have you found opposing it.

Our two professions should be united in spirit, as they are in position, in ministering to the suffering ones of earth. Set not your faces against us as prone to infidelity, and do not cause us to turn from you as inclined to support that which we know to be false.

If I shall have succeeded in making the relations between any one of my professional brethren and any one of you pleasanter and more cordial; if I shall have opened the eyes of any one of you to the snares of charlatanry, I shall feel that my purpose has been fully accomplished. Accept my thanks for your kind attention to me, and my earnest wishes that in life your high hopes of usefulness may all be realized.—*N. H. Journal.*

Obstetrical Auscultation. Signs of Pregnancy. By M. M. RODGERS, M. D., Rochester, N. Y.

It is not designed, in this brief article, to describe in detail, all the signs of pregnancy, or to consider them in the order of their relative value. We shall only notice briefly those signs which usually accompany utero-gestation, and which in the aggregate furnish strong presumptive evidence of this condition. As these signs, however, are all more or less equivocal, whether taken individually or collectively, we propose to consider the value of those results furnished by auscultation. If, by this mode, we are able to arrive at a sign, which, taken alone, and independently of all others, will at all times give unequivocal *positive* evidence,—its importance in a medico-legal, moral, and scientific point of view, will be admitted by all. The signs upon which we have formerly been accustomed to rely for a diagnosis in suspected pregnancy, may be noticed, for the purpose of showing, not what they indicate, but what they do *not indicate,* for their evidence is entirely negative.

1. *The general condition* of a woman *enceinte,* may lead to this suspicion, especially if she be primiparous. 2. The *cessation of the menses,* but there are so many exceptions to this, that it cannot be relied upon: menstruation may continue in cases of pregnancy, until nearly the close of the term, and may cease in women not pregnant. 3. The *morning sickness,* which occurs usually, between the sixth and twelfth week, is often absent. 4. *Salivation* occurs in some cases, but may arise from other causes, and is not often present. 5. *Enlargement of the mammæ,* is a pretty constant sign, but is occasionally absent, and may occur under other circumstances also. 6. *The areola and enlargement of the follicles,* are also nearly constant, but occur under other circumstances. 7. *Secretion of milk* usually takes place during the latter half of the term, but not always: it may occur also, in women not pregnant, and even in girls and men. 8. *Increased size of the abdomen,* when taken in connection with other signs, is of value, but it may be a consequence of disease also. 9. *Condition of the umbilicus,* is a sign of little value. 10. *Dullness on percussion,* over the abdomen must occur in pregnancy, but may be found in other conditions. 11. *Quickening,* or the motions of the fœtus, usually occurs at the end of the fourth month, and is a very constant sign, but it may sometimes be produced by the voluntary or involuntary action of the abdominal muscles, and is sometimes never felt, in cases of real pregnancy. 12. *Ballottement,* next to auscultation, furnishes the most unequivocal evidence, and is considered by some authors, infallible. But, on the authority of Prof. Depaul, of Paris, it has led to the error of pronouncing a hydatid tumor a case of pregnancy. In cases of twins, and where there is a small quantity of amniotic fluid, it is sometimes impossible to obtain this result. 13. *Violet color of the vagina,* is very generally present in pregnancy; but the writer has seen this test made extensively in Paris, when it occasionally failed both ways. 14. *Changes in the uterus,* may occur similar to those of pregnancy, from disease. 15. *Buffy coat on the blood,* is considered by some authors a sign worthy of confidence, but this occurs in so many diseases of both sexes, that it must be of little value as a test. 16. *The urine* is said to contain an unusual quantity of uric acid in pregnancy, but this occurs also in diseases of both sexes. 17. *Kiesteine* is usually present in the urine of pregnant women, but is also found in the urine of men and children, as a result of peculiar diet and disease. 18. *Palpation* of the abdomen sometimes affords very strong evidence of the presence of a fœtus, but is seldom reliable alone. 16. Besides these, there are several minor signs which are of some value, considered with the others: such are, variations of the pulse, the appetite, maculæ on the face, vaginal secretions, venereal desires, organic sympathies, mental conditions, temper, age, presence of the hymen, certain diseases, &c.

Now we see that these signs, taken together or singly, yield equivocal evidence,—evidence which at best is only negative. We want a sign which will, in all cases where it is present, give positive proof; and this sign is furnished by auscultation.

The *bruit placentaire*, is an intermittent, whizzing sound, resembling the *bruit de soufflet* of the heart, and synchronous with the maternal pulse. It may usually be heard from the end of the second month of utero-gestation, until the last pains of labor. This sound is sometimes simulated by the ovarian vessels, the uterine sinuses, abdominal vessels, the vessels of fibrous tumors and aneurismal varix; but it need not be confounded with any but the latter sound. This sound is now supposed to be in the uterus, and not, as formerly, in the placenta; it does not, when present, indicate pregnancy positively,—nor when a fœtus is present, does it indicate its life as it may continue for some time after death takes place. The *funis soufflet*, may sometimes be heard intermitting synchronously with the fœtal pulsation,—but it cannot exist independently of the action of the fœtal heart, and when this can be detected it is of no use in diagnosis. The *fœtal tic tac*, or pulsation of the fœtal heart, consists of short, double, regular pulsation, resembling those of the new born infant, varying in velocity from 120 to 140 in a minute. This sound cannot be simulated by, nor confounded with any other; so, when it can be distinctly heard, it is proof *positive*, and the only one, of the presence of a living fœtus; where there is the *tic tac*, there must be a heart to produce it, and where there is a heart, there must also be a fœtus. Its absence proves only negatively, that there is no fœtus, or if any, that it may be dead.

There is no known sign by which we can determine that a woman is not pregnant. This fact makes this sign the more valuable, as in nearly all cases of actual pregnancy with a living fœtus, we may at once verify it. The fœtal *tic tac*, according to different authors, may be heard from three and a half to five months after conception. The location of the sound and the manner of obtaining it, we need not indicate.

This sign alone furnishes the means of diagnosing twin pregnancy, determining any thing in relation to the fœtal health, or the presentation to be expected when labor commences. If, then, this is a true test, as we assume, how do those physicians appreciate its value, who never auscult the abdomen at all? What confidence ought to be placed in the testimony of a medical witness in court, who should base his opinion of pregnancy entirely upon those signs, every one of which he knows to be equivocal? No matter what may be said of ballottement, aggregate signs, age, experience, learning, they all vanish like vapor before the sunbeam, when compared with this. We may be pardoned then, if we exhort those who wish to be considered "read up," and who still entertain "peculiar views," to *study obstetrical auscultation by the bedside, study it, where alone it can be learnt, on the abdomen of woman.—Buffalo Medical Journal.*

Interesting Anecdote of Hunter and Cullen.—From a London copy of a work entitled "Professional Anecdotes," published about thirty years ago, we take the following:—

HUNTER AND CULLEN.

The celebrated Dr. William Hunter, and the no less distinguished Dr. Cullen, formed a co-partnership of as singular and laudable a kind, as is to be found in the annals of science. Being natives of the same part of the country, and neither of them in affluent circumstances, these two young men, stimulated by the impulse of genius, to prosecute their medical studies with ardor, but thwarted by the narrowness of their fortunes, entered into partnership as surgeons and apothecaries in the country. The chief object of their contract being to furnish each of the parties with the means of prosecuting their medical studies, which they could not separately so well enjoy:—it was stipulated, that one of them, alternately, should be allowed to study in which College he pleased, during the winter, while the other carried on the business in the country for their common advantage. In consequence of this agreement, Cullen was first allowed to study at the University of Edinburgh for one winter: but, when it came to Hunter's he, preferring London to Edinburgh, consequently, set out for the metropolis. Here, his singular neatness in dissecting, and uncommon dexterity in making anatomical preparations, his assiduity in study, and amiable manners, soon recommended him to the notice of Dr. Douglass, who then read lectures on Anatomy, in London. Hunter was engaged as his assistant, and afterwards filled the chair himself with honor. The scientific partnership was by this means prematurely dissolved; for Cullen was not a man of that disposition to suffer any engagement with him to prove a bar to his partner's advancement in life. The articles of the treaty were freely given up, and Cullen and Hunter, ever after, maintained a very cordial and friendly intercourse: though it is nevertheless believed, from that time, they never had a personal interview.

Cullen's rise was equally remarkable. After his successful attendance upon the Duke of Hamilton, to whom he was accidentally called, if we trace him through his chemical teachings at Glasgow, witness his elevation to the chair of "Professor of Medicine," and afterwards to the chair of Chemistry, at Edinburgh; listen to his Chemical lectures at the Infirmary, and then follow him in the department of Materia Medica, after Dr. Alston, and read his great works, we can but admire his diversified genius, his unconquerable energy, his kindness of heart, and his noble triumphs over adverse circumstances, by which he gained an imperishable name in the annals of science. He was six years older than Hunter, and lived six years longer.

Anecdote of Zimmerman.—This eminent physician went from Hanover to attend Frederick the Great, in his last illness. One day the King said to him, "You have, I presume sir, helped many a man into another world?" This was rather a bitter pill for the Doctor; but the dose he gave the King in return, was a judicious mixture of truth and flattery—"not so many as your Majesty, nor with so much honor to myself."—*Professional Anecdotes.*

Rain Water in Asiatic Cholera.—Twenty years since, Mr. John Lea, when the cholera first raged in the West, was a close and intelligent observer of its ravages. He found that the mortality from that scourge of our race, was limited to those who used limestone water, and that rain-water was a prophylactic of that disease. The theory originated here in the West, and since 1832 he has promulgated it in publications of his own, in medical journals, newspapers, in conversation, in every way possible; yet it is doubted whether one hundred persons in his own city here, of one hundred and thirty thousand inhabitants, have given credence to his geological theory of cholera, or have practiced upon it. He has urged it upon our own Government, but without success. He has communicated it to several of the European governments, and with better success, we judge, than with our own. We find the following paragraph in a communication from the correspondent of the New York *Times*, dated London, September 17th.

"The report of the French commission says that it has been fully ascertaind both at Paris and elsewhere, that rain-water is a prophylactic of cholera, and that this disease has never proved an epidemic in any city where rain-water is exclusively used.

Our only comment on the above is, let justice be done Mr. Lea.—*Cincinnati Gazette.*

Sulphuric Acid in Diarrhœa. By JOHN L. VANDERVOORT, M. D.—Diarrhœa, as met with in young children, especially during the heat of summer, not unfrequently proves a troublesome and intractable disease, resisting the antacid and astringent treatment so commonly resorted to. During the past summer it was unusually prevalent throughout the city, the stools being frequent, and of a mucous or watery character, accompanied by little pain, except when the intestines were distended with flatus. Failing with the remedies usually employed, I resorted to the use of sulphuric acid, as suggested by several London and provincial physicians. It was first given in an obstinate case at Yorkville; the child was teething, and was naturally robust and healthy. For several weeks he had had more or less looseness of the bowels, with occasionally slight vomiting, and discharges of mucus, tinged with blood. Strict regimen and minute doses of blue mass and opium failing to exercise more than temporary effect upon the disease, and observing that his gums had become spongy and disposed to bleed upon the slightest touch, I changed his treatment, and gave him four drops of the acid in a wineglassfull of sweetened water several times a day. Seeing him again in a couple of days, I found him much improved; his discharges were less frequent; there had been no more vomiting or bleeding from the gums. The same treatment was continued for a week, when the child's health was quite restored. In several other cases of similar character, the acid was given, and with like happy results; and within a few days an infant, which had been troubled with excessive looseness of the bowels for nearly a week, was cured by a few doses.

One very great advantage which this remedy has over those in general use, is its agreeable taste, resembling in this respect lemonade; hence it is well adapted to children whose aversion to medicine cannot readily be overcome.

In a late number of the Provincial Medical and Surgical Journal, is a paper on this subject by Mr. Sheppard, in which he alludes to upwards of fifty cases of diarrhœa, many of them very severe, in which he had used the sulphuric acid; in only one instance did it fail, and in that case the chalk and astringent treatment was also unsuccessful. His experience led him to the following conclusions:—

1st. It is more *efficacious* than alkalies, opiates, and astringents, in a proportion greatly exceeding ten to one.

2nd. It is *more rapid* in its action (especially in children,) in a proportion greatly exceeding twenty to one.

3rd. It seems to act in a more rational and (if I may so express myself) scientific manner, by increasing the *tone* of the mucous membrane of the alimentary canal, rather than by simply astringing its pores.

4th. The worse the case, the more rapid and marvelous seems to be the cure; a most striking feature, as compared with the treatment by chalk and opium.—*N. Y. Medical Times.*

November 9, 1852.

Resection of the head of the Ulna and total removal of both Radius and Ulna. Reported by A. THIBAUT, *Student in Charity Hospital.*—Thomas Harris, æt. 15, admitted during the month of February, for a lacerated wound of scalp and ear; fracture of inferior maxillary and humerus; compound comminuted fracture of radius and ulna.

These injuries were received on board the English ship Manchester. It appears that the boy was sleeping on the anchor chain; and that the anchor was suddenly let down; in its progress, the chain caught the arm and produced the injuries above mentioned. When the boy was admitted, the wounds had been dressed for several days, and from want of proper attendance and care, were in a very filthy condition. The arm especially, was in a sloughing state, and both radius and ulna were actually shattered to pieces, and protruding several inches out of the mass of muscles.

By the 18th of April, the boy being well of all other injuries, Dr. Compton determined to remove both the radius and the ulna. He made a straight incision the whole length of the inner side of the radius, and a counter-opening opposite the olecranon process. Having dissected out both bones carefully and disarticulated them at the elbow, he removed them entire, with the exception of a portion of the lower end of the radius. A great portion of the periosteum was detached from the bones, and left in the wound. The usual treatment for such operations was then followed, and the patient improved rapidly, and the wound had nearly healed, when several abscesses formed in the fore-arm. These abscesses were, according to Dr. C.'s opinion, produced by pieces of bones which had been left in the arm. His opinion was well grounded, for several spiculæ of bones came out of the wound, and the arm immediately assumed a healthy condition and is now well. The arm is about two or three inches shorter than the other and is perfectly firm. It remains at a right angle to the humerus and can be flexed and extended so that the hand moves through 8 or 10 degrees of an arc of a circle. He has entire use of the hand, can both open and shut it, and he grasps objects quite firmly.

The pulse in that arm can be felt as well as in the other.

This patient can be seen in ward No. 8, and bedNo. 116, Charity Hospital.—*N. O. Medical Register.*

Treatment of Obstinate Ulcers by the Internal use of Tincture of Cantharides. By J. TART, Esq.—In a case of extensive ulceration in a broken constitution, after the failure of various plans of treatment, Mr. Tart gave ten drops of tincture of cantharides three times a day, with marked benefit. In three days from the commencement the sores began to contract, healthy lymph appeared round the edges, and vivid granulations started up. In a fortnight, the ulcers were quite healed. On this case, the author remarks :—

" Such was the progress and issue of a case that had baffled every previous treatment employed. It affords one of many examples I could bring forward of the great utility of cantharides in indolent ulceration, dependent either upon atony of the engaged parts, or system generally.

"In 1845, while resident in Burmah, my attention was directed to the treatment of the ulcers met with in that country, and which had long been found difficult to heal by different medical gentlemen stationed upon that coast. I drew up a paper, exhibiting the appearances presented by the different ulcers, and the states of constitutional derangement with which they were identified, and in which I had employed the tincture of cantharides with marked success. The paper alluded to, backed by several cases treated by different medical friends, was forwarded to the Madras Medical Board, who ordered it to be circulated throughout the medical service of the Madras army.

"A few extracts from the paper here referred to will show the characters of the ulcers where I found the tincture of cantharides useful:—

" 1st. Where the granulations were exuberant, but pale, weak, and flabby.

" 2d. Where there was deficiency, or total absence of granulations, the ulcers being deep and scooped out, with raised and indurated edges.

" 3d. Where the granulations were not defective, but cicatrizing irregularly, sometimes in the centre, at other times on one side, the lymph which was thrown out and organized one day being absorbed the next.—*Prov. Med. and Surg. Journal.*

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Uterine Anæsthesia.—Read before the District Medical Society for the County of Burlington, Jan. 11, 1853. By I. P. COLEMAN, M. D. President of the Society.

Gentlemen—During that long period of darkness, in which the mysterious union of our physical and psychological conditions impressed the popular mind with a superstitious and awful reverence for the inanimate organism, medical philosophers were driven into the field of comparative anatomy, for the facts, which shed light on the pathology of their times. Notwithstanding the facilities afforded by the present enlightened state of civilized society, for the investigation of the causes of abnormal phenomena in the human subject, yet the comparative researches are daily contributing facts of immense importance to the Biologist, whilst the almost creative microscope is portraying in bold relief the mechanism and movements of the heretofore imperceptible and unknown of our animalcular cotemporaries, illustrating the primordial movements of the more perfect organisms, the chemist is demonstrating the identity in composition of those substances, which enter into the tissues of both vegetable and animal structures. So close indeed, is the relationship existing between the inferior animals and man, and so much do their movements depend on the same laws, that the analogical inferences of early observers were much sounder and of more practical importance than they were really supposed to have been. Therefore, by making proper allowance for the influence of the psychological element upon the movements of the human economy, the comparative facts occasionally met with, are of great value in the practical application of our science. It is true, the exaltation of cerebral development in man over the brute, must in some instances, impair the force of the analogy, but in many more, this influence is scarcely felt, and what is predicated of one, is equally true of the other.

With these preliminaries, I proceed to the statement of a case which came under my observation, illustrative of the possibility of the arrest of very important functions, and suspension of highly conservative forces, without material injury to the general health. Or it may be, that the sympathies are more active when the physician is perplexed by the absence of those symptoms which he is taught to consider invariable. In the autumn of 1851, being present at the slaughtering of a cow, my attention was arrested by the large size of the uterus, and upon subsequent inquiry I obtained the following history of the case.

In the Spring of 1850, she produced her second or third calf; early in the summer the usual manifestations of salacity were satisfied, but returned again during the following spring and summer several times; being indulged on each occasion with the desired intercourse. No departure from good health was at any time observed by those having the care of her; but lactation diminishing and fat accumulating through the summer of 1851, she was turned off, and became excellent beef in the fall. The external outline of the uterus was irregular, presenting well marked elevations and depressions, instead of the globose form of the normally fecund organ. A long incision brought into view the form of a fœtus, surrounded by the membranes, detached entirely from the uterine surface. The liquor amnii had been evacuated or absorbed, until the membranes resembled damp, dirty parchment. The placental mass was also detached, and condensed into a similar appearance. The fœtus was well formed, and apparently far advanced in the fourth month of gestation, presenting some bristly buccal hairs. The skin was otherwise nudose. The flesh was solid, firm and dry, resembling jerked beef, or such as might have been subjected to compression until all the fluids had been expelled. The viscera had undergone equal desiccation.

In the entire absence of free fluid—in the hardness of the flesh—mahogany color, and membranous envelop, it presented a good specimen of mummy. No difference was perceived between the odor of this and the abdominal and thoracic cavities; neither were there morbid appearances in any of the tissues of the uterus or its concomitant organs. A slight discoloration—a yellowish tinge, was observed on one quarter of the interior uterine surface, but no approximation to structural degeneration.

The vagina, tincæ, and cervix uturi were healthy and fair. No apparent cause existed to prevent easy dilatation. There the fœtus lay, quietly as the mummy in its cerements, and as little heeded by its sepulchre. What length of time it had been in this situation, and by what cause it was detained, are the questions naturally suggested. The dryness of the whole structure, the membranes, skin, flesh, and viscera, under the circumstance of its being entombed in an organ constantly moist, would reasonably imply the lapse of considerable time. Perhaps, the idea that conception took place on the first sexual intercourse, is not untenable. The presence of an inanimate body in the uterus does not necessarily preclude the possibility of renewed desire, but it is adequate to the prevention of conception. While gestation, the peculiar function of the uterus, is in active operation, that of the ovaries is suspended; consequently, as salacity in the brute depends on ovulation, it cannot happen during fœtal vitality. But when development has ceased under circumstances which do not arouse morbid sympathies, the ovarian activity may be resumed with its appropriate physical manifestations. The casting off of new ova from the ovaries may therefore be attended by the evidence of sexual desire, but the existence of the foreign body in the uterus is effectual protection against conception. The inference from the above considerations is, that conception took place on the first occasion; that arrest of development occurred during the fourth month; that morbid sympathies were not excited; that the congeneric organs being in healthy tone, their functions were resumed, ovulation was the result, and salacity the evidence. This result once effected, could be repeated upon the re-production of that amount of functional force, which had been exhausted by the preceding effort. Judging from appearances, that fœtus might have remained in situ an indefinite length of time, surrounded by tissues enjoying the full vigor of nutrient and chemical vitality, but diminished sensibility, and itself claiming an immunity from the ordinary laws of chemical decomposition. It has been said that no mechanical obstacle prevented the expulsion of the fœtus; we must therefore, look to the uterus for the cause of detention. This may have consisted in anæsthesia of its sentient or esodic nerves, either in their expansion on the internal surface of that organ, or in their course to the spinal axis, or it may have existed in paralysis of the reflex, or motor nerves in their progress from that centre. Either of the conditions cited, is sufficient for the simple effect of retention. It is therefore unnecessary to call into requisition the agency of the sympathetic, although it contributes to the plexus which supplies the uterus, and may somewhat assist in peristaltic movements, it is certainly inadequate to the production of those exquisitely tonic spasms by which the parturient effort is accomplished. The origin of *such* results can only be recognized in the spinal system, and implies a soundness and integrity in its diastaltic circuit. Without the impulse of the excitors the motor force cannot be brought into activity, muscular contraction and consequent expulsion cannot take place. Were the excitors in *normal* condition, and the motors deranged, morbid sympathies must have been aroused in distant organs, through its great splanchnic associations, in the attempt of the excitors to awaken the energies of the motor division of the circuit. Such tumult does not seem to have existed, as the good health of the animal gave assurance of general functional integrity. We therefore infer the soundness of the latter portion of the circuit, as nervous influence once communicated to the spinal axis must be reflexed, and if not to its appropriate organ, it will be to the disturbance of others in its sympathetic connexion. Thus we arrive at the conclusion, that diminished sensibility in the excitors was the cause of this protracted and harmless probation.

Such facts are of practical value, as they teach us not to attempt a treatment too perturbating or meddlesome, in those cases where the tissues tolerate the presence of abnormal productions, without calling into activity the sympathies of important organs, for the very ansesthesia which permits their presence is opposed to their ready removal by absorption, or to their expulsion through the operation of medicinal agents.

It is not presumed that all similar cases in the human subject will present examples of equal tolerance. In persons of nervous temperament, and highly cultivated sensibilities, the knowledge of the existence of such productions would cause a state of mental disquietude, sufficient to disturb the functions of the whole assemblage of sympathetic viscera. The vertical position of the human frame might also render it less tolerable, than the horizontal one of the animal, yet we know that gravid women in good health, and of active habits, do carry much greater weight without inconvenience. Would any of the reputed ecbolica have been capable of casting off the encumberance, under the above circumstance of torpid sensibility? I presume not. We know the impotency of such articles in producing their specific effects, when unaided by a natural effort in that direction, and the potency of the most active of that class in producing unconsciousness and tetanoid spasm in the muscles of volition, through the panthodic property of the medulla spinalis. I therefore hold it to be good practice in many such cases, and those of tumors in the cellular structures, to quiet the apprehensions of the patient, to inspire a reasonable hope, and leave the heroic remedies on the shelf of the apothecary.

Interesting Post Mortem Examination. By I. P. COLEMAN, M. D.

Mrs. S. aged 40, has been, during the last eight years, subject to an aching distress in the right side, occasional attacks of severe pain, and uniform inability to lie on the left side without producing a dragging and tearing sensation in that of the right. For some months past the paroxysms of acute pain have been much more frequent, and, as described, seemed to indicate the passage of gall-stones, or severe cramp colic. Several physicians have attended her at different times. I first saw her on the 8th of November, when laboring under a severe and most distressing attack. For 12 hours, the pain, nausea and vomiting had been almost incessant. The pains were intermitting and paroxysmal, and referred to the epigastric and hypogastric regions. Almost immediately upon the accession of the pain, the vomiting would commence, and the quantity was enormous, filling an ordinary wash-basin at three or four paroxysms. The character of the ejected fluid was purulent stercor so exceedingly offensive as to expel the attendants from the apartment. In the early period of the attack, there had been a small alvine dejection. The general character of the bowels was tardiness, approximating to constipation. Strong sinapisms were applied to the epigastrium, and opium in 2 grain pills, immediately after each emesis which succeeded after the third dose in subduing both the pain and vomiting. On the following day she was sitting up, felt as well as could have been expected, but complained of abdominal soreness, particularly in the right lumbar region. Left three or four doses comp. cath. pills, to be taken at intervals of one day, with instructions to inform me if worse, in a day or two. In three weeks I was again summoned to witness a similar scene in every apparent feature. As she reported a great improvement in her health for the first ten or twelve days from the former treatment, the same course was again pursued with similar relief. In three weeks I was again called: the quantity ejected at this time was great, and the fetor intolerable. From this time until her demise she was under the attendance of Dr. Elwell, who states that the vomiting never ceased, nor were the bowels freely evacuated. The stomach would only retain farinaceous food for some months past, and latterly not any thing.

The leading peculiarities in the physical signs of this case, independent of the constant soreness of the right epigastric and lumbar regions, were the localities of the pain in the acute paroxysm; these were referred to the back, to the epigastrium, and the region of the uterus. In fact, the pains so much resembled violent parturient efforts, that had it not been for the stercoraceous vomiting, the disease might have been considered uterine, and the emesis a sympathetic disturbance. I must here remark, that the cathartic medicine which I gave her was reported to have acted with tolerable freedom. The patient died on the night of the 9th inst., and yesterday a post mortem was conducted by Dr. Elwell and myself. Upon exposing the abdominal cavity, one of the most extensive spectacles of disease was presented, that I have ever seen. The omentum spread from side to side, and descending to the pubes was thick, engorged, carneous, from the quantity of fibrin thrown upon, and adherent to it, resembling a bruised, mangled, stratum of flesh. Fibrin had been thrown out in all directions, on the right side, from the iliac fossa to the portal vessels, agglutinating the ascending and transverse colon, the duodenum, a portion of the small intestines, the pancreas and serous tunic of the stomach, and right parietal peritoneum, in one heterogeneous indescribable mass. The right lobe of the liver was shrunken, atrophied to one half the normal size, and melanotic in hue.

The convex surface of the liver was occupied by a conglomerated mass of fatty tubercles, from the size of a pea to that of a filbert, in the aggregate having a base of three inches, and an elevation of one inch above the plane of the surface, with a depression in the centre, having a cicatrized appearance, as though it might have been the site of a former abscess. The lower point was also the subject of fatty induration, which, upon being cut into resembled fat, blended with thick turbid oil. The left lobe was free from induration, but rather dark for good health. The gall bladder was very small and collapsed, containing but fʒ ij, of yellow bile, and two rough spherical stones, one of the size of a filbert, and free; the other the size of a pea, and adherent to the cyst at the orifice of the duct. For a long time the exploration was retarded by the rapid flow into the cavity of the abdomen, of a vast quantity of the purulent matter, such as had been vomited; in it was found cranberries, persimmon seeds, and the doctor's pills. After two or three quarts of such fluid had been removed by the sponge, the extent of the disease was apparent. The whole visible surface of the intestines was engorged. The duodenum was gangrenous throughout its whole extent, with two lesions of three inches in length, each. The agglutinated mass of intestines, with the enormous quantity of semi organized lymph, all adherent to the lumbar vertebræ and right side, formed a number of sinuses and cavities where large quantities of pus were formed, which found its way into the cavity of the abdomen, and through the lesions of the duodenum into the stomach. A thick, heavy adhesion, attached the lower convexity of the stomach to the transverse colon, at which point was a carcinomatous degeneration three inches in length and nearly two in thickness. The calibre of the colon nearly obliterated. The beautifully condensed fibrous strata running longitudinally through the mass, were very conspicuous. That the vomiting should have been stercoraceous and purulent is by no means a matter of surprise. The symptoms of the passage of gall-stones are no longer a doubt. The adhesion of all the abdominal viscera to the vertebræ, affords a solution to the pain in the back. The cancer in the colon, to the epigastric pain. Can the hypogastric distress be as well accounted for? The left ovarium was greatly enlarged, and but for its black venous appearance, I should suppose it to be an incipient multilocular dropsy. In the cavity of the uterus was found a little pendulous, oblong body, six lines in length and four in diameter, attached to the orifice of the right fallopian tube. It contained a cavity which was lined with what appeared to be a mucous membrane. The uterine surface was spread over with a layer of dark blood, but no appearance of fibre.

Pemberton, N. J. Jan. 1853.

"God in Disease." By Ariel Hunton, M. D.

[Note by the Editor. We are not willing that our pages should be open to the discussion of the subject embraced in the following essay, though we admit the article of Dr. Hunton, because we have an instinctive sense of regard for men of venerable years, particularly when they belong to our own profession, and as our correspondent has manifested a becoming interest in the prosperity of our work, as a journalist. He will however, not be unwilling for us to say, perhaps, which we do with great respect, that his article appears to disprove the position, which he desires to establish.

If disease is the infliction of punishment for the violation of law, then the author of the law becomes the inflicter of the penalty. In the case of the mechanic, who is supposed to submit himself to the causes of disease, and then suffers, and dies from its effects, he only exhibits his folly and presumption in the act of *exposure;* but if the law violated by himself, has a Divine Author, then the consequences of the violation must be traced to the same immutable Source.

The hint to clergymen we do not object to, though we think our profession, perhaps, would wince a little, if in the exercise of their high office, our ministerial brethren were to assume "to teach the structure and functions of our bodies, and the laws that govern them." Yet, even this, we think with Dr. H. would be "more honorable," than to give their names, and influence, to the venders of patent medicines.

Having said thus much, we leave the subject, with the essay, for the consideration of those of our readers who may be interested in it; trusting that our friend, Dr. H. will pardon the youthful ardor, which per-

haps, may betray itself in this prefatory *note*, in opposition to sentiments advanced by one of riper years and maturer experience.]

In the twelfth number of the Reporter, 1852, page 433, under the head of Bibliographical Notices, a book, by James F. Duncan, the title of which is, "God in disease," is noticed. The bare title is all I know of it, but supposing it teaches what I frequently hear promulgated by individuals, that God is the immediate cause of our maladies, and *dissolution*, I dissent from the opinion. Physicians are the last men who ought to be bigoted, or superstitious; and when I hear a man greeted Doctor, I ought to be assured he is a man of science, the etymology being *Doceo;* he ought to be a teacher, or capable of teaching, he ought also to be a philosopher, for the whole of our science is philosophical.

If any one is disposed to aver that the *Great first cause* has created our bodies frail, that we are susceptible of disease when we expose ourselves to the causes of disease, I will admit the fact. I *have* an objection to the young or old being taught that God is directly the cause of our maladies. We are the authors of our sickness, by errors in diet, exercise, ventilation, intemperance, &c. infringement of the physical laws of our frame; any thing carried to excess is intemperance. If our disease is from hereditary predisposition, it implies a wrong in our ancestors, and these are the causes of all our ills, aside from accidents. It is averred with much truth, by late writers, that great exertions are in progress to improve our domestic animals, to the entire neglect of the human species. Let us examine our own habits, and try to improve them.

If a mechanic in one of our cold winter days, with his shop at summer heat, steps out, minus hat and coat, while in a sensible perspiration, to see some passer by, and procrastinates his stay longer than he intended, he feels chilly, but cannot leave his friend as soon as he ought. When he returns to his shop he has a chill and fever, and finally a peripneumony which ends his days. Has GOD caused this man's disease or death? It is nothing more or less than an infringement of one of the laws of the human frame; the man *violated* this law, and suffered the penalty. Is a man in a state of intoxication at night, he will be sick the next morning; did God make him sick? In the vicinity of my residence three men have lately died of delirium tremens, after a long course of tippling and drunkenness; did those men kill themselves by infringing on one of the physical laws of their frames, or did God kill them?. My *wish* is to be rational and consistent, and not adopt any sentiments except such as will stand the test of scrutiny. I request others to do the same; let us think, test, judge, have our minds open to conviction, even should it thwart some of our cherished theories; "he who never alters his mind, never corrects any of his errors." Our world is progressing; science is onward; investigation is the order of the day; let the medical profession report progress, and where evidence and reason point the way, follow, and you will seldom be in the wrong path; let the profession occupy the first rank in science, morals, and integrity.

After this *great First Cause* has made physical laws to govern our frames, which are immutable, and we implicitly obey them, we shall be afflicted with very few diseases, shall live to a good old age, and wear out like useful machines; but if we disobey or infringe on those laws, sickness, pain, and anguish will follow as a punishment. God has prepared remedies to heal all our maladies, if they are judiciously applied; but should they be injudiciously applied, they must be inert, or do harm. And further, God has not informed us of the medical virtues of any article in the materia medica, but left that for our investigation; this ought to excite us to diligence, and to exert ourselves to the utmost, to fathom His law on this subject. It will be acknowledged by every medical man, that rhubarb was made for a cathartic; but let an illiterate, ignorant pretender, prescribe rhubarb, as an emetic, saying to the patient, I think by the Divine blessing, this will cause you to vomit; will he not be very liable to be disappointed? He has not used it for the purpose God intended, and will He abrogate His laws, to conform to the caprice, or ignorance of any man; if He does, He is not immutable! Again, a patient is afflicted with diabetes; one of the faculty, without sufficient reflection, or investigation, prescribes nitrous æther, or nitrate of potash, to avert the flow of urine; will not the prescriber be foiled? The medicine will not be *blessed* to the healing of the patient, because it was not intended to produce such an effect. A patient has a catarrh, or common cold, he does not expectorate, and he is directed to take an infusion made of our most astringent vegetables; think you that blessings will be conferred on the prescription so as to produce an expectorant effect? This subject may be illustrated in a thousand ways, and all tend to the same result. I first seek to know the medical virtues of the article I use, and what effect it was intended to produce on the human frame; and then investigate the nature of the disease. Then I think I can prescribe in a judicious manner, and if in season, I shall not often be disappointed. I intend to investigate the specific virtues of my prescriptions; the location, and etiology of the disease I am prescribing for, that I may be capable of giving a reason for my mode of practice. While I am on this part of my subject, I may allude to the fact, that, clergymen are very prone, on funeral occasions, to aver to the bereft, that God has taken away their friend: whereas, it is the *disease* that kills the patient, in consequence of his disregarding, or violating the physical laws of our natures. I fear my ideas will disturb some tender mind, but I will endeavor to write nothing but truth, and where that points the way, there I shall travel, should I be alone; but I feel confident I shall have the thinking and reflecting for my associates. If our clergymen were to teach the structure, and functions of our bodies, and the laws that govern the human frame, and the impropriety of transgressing those laws, it would be of incalculable benefit to the human family; and more honorable than to see their names appended to patent medicines. These wholesome precepts are, however, usually disregarded.

Hyde Park, Vt., Jan. 1853.

EDITORIAL.

New Jersey Medical Institute, located at Burlington.

Among our advertisements will be found an announcement of a course of lectures by the members of this new Association. A word or two only about it. It is not intended to confer degrees, or diplomas, but to offer familiar didactic, and clinical instruction to students in the summer season. It is an experiment, the success of which is yet to be proved. Those who compose it have manifested an independent, and enterprising spirit in its projection, though we suppose there will be persons in community, who will receive it with prejudice and distrust. We hope and believe however, that all highminded and honorable physicians, who are lovers of their profession, from other, than motives of gain or interest, will be glad to know that the spirit of medical improvement in New Jersey, is expanding its powers, and influence, in a direction so important.

What may be expected.

We have always desired to make the Reporter useful, and at the same time to furnish a *variety* of matter to our readers. In the next number we propose to introduce to their notice a portrait and short biographical sketch of Prof. George B. Wood, M. D., of Philadelphia, who is one of the bright stars of New Jersey, that has adorned the medical profession of this country, with many contributions of learning, experience, and skill. The engraving will be prepared especially for our own use, and will belong to the New Jersey Journal; it will be the commencement of a series of portraits, particularly of distinguished physicians who are natives of, or who may belong to our own State; and though we shall not be able to present an engraving for each number, we hope to secure two or three for every succeeding volume. Our expenses will be increased, not a little, by this arrangement, and we look to our friends, to do something in order to enlarge our subscription list. There is no other Medical Journal in the United States, so far as we know, that possesses such a feature, and it is certainly desirable to preserve the likenesses and biography of men who have labored prominently, and faithfully to promote our noble science. Who will send us more subscribers, that we may pay for this useful and attractive embellishment? We expect also to furnish, in our next issue, the proceedings of the annual meeting of our State Medical Society, held on the 25th of last month.

PROCEEDINGS OF MEDICAL SOCIETIES.

The Annual Meeting of the Burlington County District Medical Society, was held at the house of R. C. Humphreys, Mount Holly, on the 11th day of January, 1853: the President in the Chair.

The minutes of the last meeting were read, amended, and adopted. Members present, Drs. Coleman, (Pres't.) Stratton, A. Reid, Z. Read, Budd, Woolston, R. H. Page, Butler and Gauntt. Dr. Wm. L. Martin, of Rancocas village, having been proposed for membership at the last meeting, produced his credentials, which were examined and found entirely satisfactory.

On motion, the candidate was balloted for, and unanimously elected a member of this Society.

On motion of Dr. Stratton, Dr. Wm. H. Worthington, of Mount Holly, (the candidate being absent Dr. Stratton vouched for the correctness of his credentials,) who was proposed for membership at the last meeting, was balloted for, and unanimously elected a member of this Society.

On motion of Dr. Gauntt, the President appointed Dr. Butler a committee to report resolutions with reference to the decease of one of our members, Dr. E. A. Heintzelman, which had occurred since our last meeting.

The Committee report the following preamble and resolutions:—

Whereas, It pleased an all wise Providence, on the 11th of Nov. 1852, suddenly to remove by death, an active and honored member of the District Medical Society of the county of Burlington:

Resolved, That in the death of Dr. Edwin A. Heintzelman, late of Columbus, this Society is called to mourn the loss of one of its most promissing members—one whom we had learned to love and respect for his many social and professional virtues.

Resolved, That in the casualty which summoned him without warning into the presence of the Judge of all the earth, we recognize the hand of the Almighty, and regard it as a warning to us to be also ready, as "at an hour when we think not," we also may be called from time into eternity.

Resolved, That the sympathies of the members of this Society, in their individual and collective capacity, be, and are hereby extended to the family of the deceased, and that it be the duty of the Secretary to furnish a copy of these Resolutions to his widow and parents.

Resolved, That these Resolutions be placed on the Minutes of the Society, and published in the New Jersey Medical Reporter, and the newspapers of the county.

Dr. Budd and Dr. Page, who were appointed a Committee to examine the Treasurer's accounts, report that they find a balance in his hands due the Society, of $26 20½.

Dr. Bryan, of Beverly, and Dr. Wright, of Columbus, were proposed for membership.

On motion *Resolved,* That the by-law relating to the amount (ten dollars) to defray the expense of representing this Society at the meetings of the State Medical Society, be expunged.

On motion, *Resolved,* That the delegates appointed by this Society to represent it at the meetings of the State Medical Society, shall have their actual and necessary road fare paid on presenting bills for the same, to the Treasurer of this Society.

The election of officers for the ensuing year was held, when

Dr. S. W. Butler	was elected	President.
Dr. R. H. Page	" "	Vice-President.
Dr. B. H. Stratton	"	Treasurer.
Dr. F. Gauntt	"	Secretary.

Drs. S. Woolston, A. Reid, R. H. Page, and William L. Martin, were appointed delegates to represent this Society at the annual meeting of the State Medical Society, at Trenton, with power to fill vacancies.

Dr. Coleman, the President, read a paper before the Society upon "Uterine Anæsthesia."

On motion, *Resolved,* That the thanks of the Society be tendered to the President for his address, with the request of a copy for publication.

R. C. Humphreys' bill for dinners, &c., amounting to $8 25, was ordered to be paid.

On motion, the Society adjourned to meet at the house of S. B. Campion, in Mount Holly, on the second Tuesday in April, 1853.

FRANKLIN GAUNTT, *Sec'y.*

EDITOR'S TABLE.

There are several matters on our table this month, requiring a passing notice, among which are the following:—

The *American Journal of Pharmacy.* This excellent Journal commences its 25th vol. with the present year, and with it a new series. The work will be enlarged considerably by being issued every other month, instead of Quarterly as heretofore, each number containing 96 pages as formerly, the price of subscription also remaining the same, viz: $3.00 a year in advance. This work is well worthy the patronage of Pharmaceutists and Physicians. Edited by WM. PROCTOR, Jr., Philada.

The *New York Medical Gazette* has undergone another change of form, and will hereafter be issued monthly at $2,00 per annum. It is improved in its typography and arrangement, but it seems to us some of its divisions savor too much of the popular monthly catch-pennies, for a scientific journal. We would recommend our confrere to let Harper's and other magazines monopolize such departments as "Editor's Easy Chair"—and "Editor's Portfolio." We notice some references to cotemporaneous New York Journals, which we cannot but regard as uncalled for, and calculated to injure rather than promote the circulation of the Gazette. Dr. Reese is an energetic man, and will undoubtedly command a valuable range of contributions.

The *Southern Journal of the Medical and Physical Sciences.* Surely, wonders will never cease. It seems but yesterday that we left Tennessee, our native State, a wilderness comparatively, and now it has, (we will not say *supports*), four medical periodicals, some of which we believe *must* die unless they consent to unite their fortunes. The *Southern Journal* appears well, and certainly has the elements of success,—good contributions,—good selections, and, we would fain believe, good editors. Success to the enterprize; we will exchange with pleasure.

Edited by Drs. JOHN W. KING and WM. P. JONES in the Department of Practical Medicine and Surgery; R. O. CURRY, M. D., Chemistry and Pharmacy; and B. WOOD, M. D., Dental Surgery, etc. NASHVILLE, TENN., Bi-monthly 72 pages, $2.00 a year ALWAYS in advance.

The *Esculapian.* This is the title of a medical newspaper intended for popular rather than professional reading. It is a quarto monthly of eight pages, edited by C. D. GRISWOLD, M. D., and published at 108 Nassau street, New York, at *one dollar* a year.

The number on our table seems to be unexceptionable in character and matter, and we doubt not the work is calculated to do good, by diffusing correct notions of medicine among the people. We wish Dr. Griswold success in his enterprize.

Chemistry; its importance to the Physician, is the subject of an introductory lecture by J. J. REESE, M. D., Prof. of Medical Chemistry and Pharmacy in the Medical Department of Pennsylvania College. This is a clear and forcible argument in favor of the study of Chemistry by the medical man. It is well for the practicing physician to read such arguments occasionally, as they may serve to arouse his dormant energies to the pursuit of some important branch, which otherwise might be neglected.

History of the University of Louisville, an Introductory Lecture by L. P. YANDELL, M. D., Prof. of Physiology and Pathological Anatomy in that Institution. This school seems to have originated at Lexington, the preliminary steps having been taken by Dr. William Richardson as early as 1816. A faculty was organized, in connection with the Transylvania University in 1817, and after several organizations and re-organizations, an attempt was made in 1833 to remove to Louisville as a more available location for the school. This project had the effect of dividing the faculty, and a portion of it, among whom was Dr. Yandell removed to Louisville where, from an indifferent beginning the Medical Department of the Louisville University has grown to be one of the most important medical institutions of the West. The late Dr. Daniel Drake, a native of this State, was for many years connected with the above School. *

MISCELLANY.

M. Blandet in the *Comptes Rendus* recommends the *Chloride of Barium*, as superior to either the Hyposulphite of Soda or the Chloride of Zinc as an antiseptic injection, the former combining the peculiar antiseptic properties of both the others. "This salt (Chloride of Barium), maintains the blood liquid the same as the salt of Soda, and preserves it without odor the same as the salt of Zinc."

Capital operations involving joints, although by no means a distinguishing feature of modern surgery, are however, coming more and more into vogue. We recently published a case of *excision* of the knee joint. In the November number of the *New York Journal of Medicine*, Prof. W. Parker publishes a case of *amputation* at the knee joint, and follows it with a record of cases which have occurred in the practice of American and European Surgeons. The following is the general summary. In American practice, 12 cases, 3 deaths, 9 recoveries. In Foreign practice 28 cases, 12 deaths, 16 recoveries. Malgaigne and Jæger's collections 46 cases, 22 deaths, 24 recoveries. Total, 86 cases, 37 deaths, 49 recoveries; per centage of deaths 43.

Summer Schools of Medicine appear to be increasing. One has recently been established in Cincinnati. The Lecturers are Drs. Landon Rives, S. H. Smith, W. H. Cobb, J. F. Wright, P. J. Buckner, D. C. Tandy, W. Carson, Charles W. Wright, and James Graham.. The lectures commence on the third Monday in March, and continue sixteen weeks, three or four lectures being delivered daily.

The article on the "*Treatment of Hooping Cough*" in the January number of the Buffalo Medical Journal, has the appearance of having been condensed from an editorial on p. 436 of our last volume. It is credited to the Western Journal of Medicine and Surgery, a work we never see. There is too much of this borrowing without credit. Of course we can attach no blame to the editor of the *Buffalo* Journal.

A correspondent of the *Toronto North American* presents a sad picture of the state of affairs in the Canada Provincial Lunatic Asylum. It seems to us, that in this enlightened day, such wealthy and populous states as the two Canadas, ought to have *each* an Asylum where unfortunate lunatics can have proper care and attention. We have seen lunatic wanderers in the streets of some of their principal cities, the very recollection of whom is painful to us. Humanity calls for reform in this respect among our northern neighbors.

Dr. George Mendenhall has withdrawn his name as assistant editor of the Western Lancet, on account of other pressing and imperative duties of a professional character.

Dr. W. P. Jones recommends in the *Southern Journal of the Medical and Physical Sciences,* a rather novel method of treating Infantile Asphyxia. After using the ordinary means for half an hour or more, without success, he resorted to the following *extraordinary* one. Observing the father enter the room "bearing upon his breath the odor of alcohol" the idea struck him that by using him for an inflator, the stimulus of the alcohol might accomplish what he had begun to despair of accomplishing in any other way. The experiment proved successful, which induces the doctor to suggest that, "in the absence of a drunken husband, the accoucheur inhale the vapor of alcohol, or spirits of camphor, immediately previous to inflating the lungs of the child."

A new Medical Journal is to be started in Richmond Va., in April, by Drs. Geo. A. Otis and H. L. Thomas. Each number is to contain eighty large octavo pages embracing the various topics usually treated of in medical periodicals. Terms, *Five Dollars a year.* It must be an excellent journal to compete with the *Stethoscope* unless that is going to be "absorbed," and surely Virginia will not allow that! It really makes us feel old to see these ups and downs among medical periodicals.

People in this vicinity who pass for sober, staid citizens, are all agog on the subject of moving tables and other furniture, by means of a mysterious influence variously denominated electricity and animal magnetism, which is brought to bear by several persons placing their hands upon said articles. Those whose powers of observation we cannot call in question, except on the score of delusion, aver that these things are facts, though after several attempts, neither we, or any company with which we have been associated, have as yet been able to accomplish the feat. One of two things is certain, either this is a grand humbug, or a grand discovery. If any of our readers have investigated the matter we would be much obliged for an intelligent and philosophical explanation of the phenomenon.

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DEATHS OF PHYSICIANS.

We propose hereafter to publish as complete a list of deaths of physicians in all sections of the country, as we can obtain from contemporaneous journals and other sources. The record will, we believe be acceptable and useful to our increasing list of subscribers.

Died, In New York, Jan. 7, *John W. Hubbell*, M. D. æt 28.

—— Jan 3d, *Dr. Richard Beall*, Surveyor of Prince George Co., Md.

—— Recently in Paris, *Dr. Julian Taylor* of Alexandria, Va.

—— In Hoboken, N. J., recently, *Dr. Charles C. Sheppard*, a young practitioner. His death was caused by inoculation with poisonous matter from the vaginal secretions of a parturient patient.—*Boston Journal.*

—— At Bridgeton, N. J., on the 10th instant, of Pulmonary Consumption, *Edward M. Porter M. D.*, in the 28th year of his age.

Few men, numbering so few years, have passed away from us, who have made so favorable an impression, upon the community as did Dr. Porter. He had many and warm friends, such as it is not only a pleasure but an honour to possess, whose appreciation of his many excellent qualities gives additional poignancy to their grief, at his early removal. He commenced the practice of medicine at Greenwich in the spring of 1849, where his naturally superior qualities of mind, his attainments in medical science, high sense of moral rectitude, good address, courteous and kind manners, and untiring devotion to his profession, gained for him in an unusually short time, that confidence and esteem as a Physician, which is ordinarily attained only by years of unremitted attention. In but a little more than two years after he had entered upon the duties of his profession, he was stricken down by the disease, which in a few months terminated his short, but useful and honorable career. It will be consolatory to those of his friends who could not be near him in his last sickness, to learn, that during these weary and painful months, he was sustained by that religion, of which, before God, Angels and men, he made a public profession at his baptism in the Presbyterian Church at Greenwich. He had that trust in God and confidence in his mercy, which can legitimately result only from hearty repentance, and true faith, and was expressed in his dying words "I shall soon be with the Angels," and calmly fell asleep in Jesus.—*West Jersey Pioneer.*

ECLECTIC AND SUMMARY DEPARTMENT.

Adhesion of the Placenta—The topical use of Kreosote in effecting its detachment. By W. L. FELDER, M. D., Sumpter Dist., S. C.—Messrs. Editors:—Having seen, in the last number of the Charleston Medical Journal and Review, an article on the adhesion of the placenta with the uterus, accompanied by fatal hemorrhage, by Dr. Mayes, of Sumpter, (a gentleman with whom I am not personally acquainted, but for whom I entertain the highest professional regard,) with an inquiry as to the best mode of managing such cases, I shall deem it no intrusion to point out the course, as pursued by myself, in two parallel cases, and if the mode I recommend shall afford any information, and contribute in the slightest degree to the well-being of suffering humanity, I will be amply compensated for the few moments consumed in addressing you upon the subject.

Mrs. —— was taken in labor on Tuesday night, the 19th November, 1839, with her third child, and was managed by an ordinary old midwife, until the morning of the 21st, at which time I was sent for. I found her in "hard labor," and apparently much exhausted, during the intervals of pain—indeed, such was the exhaustion, that before the pains had entirely left she would fall into profound sleep, from which she would presently be roused by their recurrence. There was some slight hemorrhage, and her breathing hurried and short. I determined to lose no time in her delivery, so I accordingly introduced the forceps and terminated the case. The child was alive, rather larger than ordinary, and did well. After I had terminated the labor she fell asleep, in which state I permitted her to indulge for an hour or more, when I was suddenly called to the bedside, in consequence of a severe uterine hemorrhage making its appearance. I used some frictions over the uterus, upon the abdomen, and attempted to remove the placenta, by drawing at the cord. Finding this course ineffectual, I introduced the hand into the vagina, and carried it up into the uterus, directly to the part where the afterbirth was situated. This manipulation resulted in the discovery of its firm adhesion to the upper and right side of the uterus. I attempted to insinuate the fingers between the uterus and placenta, and tear or peel it away. I failed in the attempt, and finding that the hemorrhage continued to increase, and became alarming, I gave her opium combined with acet. lead, hoping to arrest the flooding and relax the system. In this I also failed. The hemorrhage now became very alarming, and I entertained serious apprehensions for her safety.

I next ordered 20 grains of ergot, to be given in two doses, with an interval of 30 or 40 minutes between the two. Not as yet successful in removing the placenta or arresting the hemorrhage, I again introduced the hand, and an effort was made to get it away any how, provided I could do so without injury. This was attended with no better success. Black despair seemed to fasten itself upon every countenance, and while in this labyrinthian quandary, and with strong misgivings for the safety of the patient, the flooding became very profuse.

Not satisfied to be thus defeated, I determined at once to introduce a sponge, well soaked in a watery solution of kreosote, carry it to the adherent placenta, pass it around and wet the parts freely with it. It was not many moments before I felt assured, from the diminished quantity of blood that trickled down the arm, that the hemorrhage was about to be controlled, and in a short time more it was entirely arrested. With the other hand I applied force to the funis umbilicalis, and the placenta came away very readily. I wetted the surface over which the placenta had been adhering, and withdrew the hand, and next used frictions upon the abdomen, over the uterus, thereby securing the perfect contraction of the same. The hemorrhage never again returned, and the patient recovered speedily.

The other case, a colored woman, occurred on the 8th of March, 1848, I saw her three or four hours after the delivery of the child, and was requested to remove the placenta, in consequence of severe hemorrhage and the exhaustion under which she labored. I attempted, in the usual way, to do so, but finding the hemorrhage would not yield, and that the cord would not bear much traction, I made an examination, and found the after-birth attached firmly to the fundus of the uterus. The parietes (if you will allow the expession) of the uterus, around the placenta, seemed protruded and contracted upon the placenta, as though an aperture or fistula had been made into the uterus, and the placenta shoved into it.

The sponge, prepared as in the other case, was passed to the spot, and the same happy results followed, without any traction exerted upon the funis, and no inconvenience experienced by the patient, other than a sensation of warmth and slight uneasiness about the uterus, which soon subsided.

A dose of oil was ordered for the patient—rest and an unirritating diet, enjoined for several days, completed the cure in a short time.

Since then I have not had any other opportunity of testing the utility of the remedy. I, however, feel assured that the same good effects would in every instance result.

If ever an opportunity should again offer, with the means at hand, I would try the introduction of the kreosote by injecting the blood-vessels of the cord. The modus operandi of the kreosote is for the *consideration* of the distinguished Professor referred to, of the Medical College of this State, and of which the gentleman making the inquiry has the honor himself to be an alumnus.

I have my own peculiar notions upon the subject; but shall refrain for the present, from expressing them, hoping another opportunity may offer, when I shall feel myself bound to make a full exposition of the minutiæ of the past and future cases.—*Charleston Medical Journal.*

Professional Acquirements.—We extract the following pertinent remarks on this subject, from an able address by P. W. LELAND, M. D. on *Empiricism and its causes.* The address was delivered before the Southern District Medical Society of Bristol Co., Mass., and was published in the *Boston Medical and Surgical Journal.* We have marked several passages, which we propose to transfer from time to time to our pages. *

"I do not propose to constitute myself a judge in Israel, but I presume you will agree with me when I say, there is a fatal tendency among members of our profession, no matter where found, to rest satisfied, on entering practice, with their elementary acquirements. In the absence of that salutary collision which exists among members of the legal profession, an isolated practitioner of medicine, unless gifted with a happy command over his intellectual necessities, is apt to fall into a narrow, lifeless routine in the discharge of his professional duties. His library, perhaps, is not large, and access to books generally difficult. What he may have read, though not well digested, now lacks the requisite freshness and novelty to entice him to a re-perusal. He is busy, and too often acquires the habit of hunting up particular information, and this only at the moment when it may be wanted. Great principles, and little details, escape his recollection, and his mind becomes professionally narrow. He finds himself generally able to meet all ordinary demands, and perhaps finally comes to believe that what he cannot do, cannot be done. True, there is a seeming excuse for indulgence in this mental laxity. One whose circle of practice embraces a large extent of territory, must necessarily be much of the time absent from home. His exposure, too, is great; which, added to the want of regular sleep and wholesome relaxation, often renders intellectual application irksome. Under such a condition of life, he too often falls into the bad habit of snatching at books as he does at his dinner, and forgets the next day alike what he has read and what he has eaten. Perhaps, too, from education and standing, his services are required in the discharge of municipal and other public duties. These form an agreeable variety, and undoubtedly contribute something to his social happiness. Nor is he called upon to forego them entirely. The fault is not, on the whole, that he has too much occupation, but really that he lives on without method. He is busy without system. His arrangements are without order; and for lack of these, the seeming excuse is no excuse at all. In the intervals of professional engagement, there is ordinarily full and ample time for all necessary study and for the performance of all other necessary duties. What is wanted is a judicious appropriation of a portion of this time to the great purpose of professional improvement. To the neglect of this, is owing, in instances quite too numerous, the failure of those who otherwise might have acquired, if not eminence, at least great respectability. One thing is certain, the practitioner who does not equal the wants of those among whom his lot is cast, must, sooner or later, divide with another what should have been all his own; and when dissatisfaction comes, he should not be surprised if a bevy of quacks come along with it—quacks who, though by no means his equal in skill, are vastly his superiors in energy and activity.

Now if the evil in such cases were to fall only on delinquents, there would be little or no ground for complaint. But this is far from being the case. The dissatisfied measure, perhaps, with here and there an exception, the whole profession by those of our brethren who, from negligence, have failed in their duty to the public. The number of delinquents may, therefore, be few, while the consequences of supineness in these few are every where felt. Unless a physician is able to exhibit a marked superiority when compared with the quack, he must expect to find the quack a troublesome competitor. It is folly for any man, in this, the middle of the nineteenth century, to suppose that a *diploma* will protect him. He must do more than claim the honors of a Medical College; he must work, and that continually."

Method of Remedying Accidents caused by Chloroform.—A letter from M. Ricord was published in the Journal de Chimie in January, 1850, in which he describes a simple method practised by him in cases of serious effects from the use of chloroform. He gives the particulars of two cases in which the method was successful. These we copy from the London Lancet.

"*Case* 1.—The patient who furnished the subject of my first case, was a woman of about twenty-six, from whom I was about to remove some growths of no great size. She was previously chloroformed, to which she only submitted after repeated entreaties, for she appeared to be excessively timid.

"The anæsthetic effect of the chloroform was very rapid, for after a few respirations she appeared asleep; the sponge was removed, and I commenced excising the growths, but had scarcely given two or three cuts, when one of my assistant surgeons told me that the pulse appeared to be failing. I now saw, in fact, that the beating of the heart was suspended, that all respiratory movements had ceased, and that the lips were livid, and hung down. The limbs were completely relaxed, and the paleness of the face showed that the patient was in that state of syncope which is the herald of death. All the remedies indicated in such a case were forthwith employed, as cold currents of air, sprinkling cold water on the face, tickling the nostrils, &c. Artificial respiration, by pressure on the walls of the chest, was tried.

"The syncope continued, and death seemed close at hand. I began to be uneasy, and determined to try direct insufflation. I applied my mouth to that of the patient. After some inspirations the dying woman gave a sigh, her chest heaved, the face resumed its normal color, the heart and pulse commenced beating in an appreciable manner, and the eyes opened; respiration had again brought into play all the functions of life, and the return of sensation was evidenced by a smile. The patient was saved, and we escaped with the fright.

"*Case* 2.—The second time that I experienced the dangers of chloroform was with a patient under my care in the Southern Hospital (Hôpital du Midi.) He was a young man whose case required circumcision. As this operation is generally painful enough, he asked me to send him to sleep with the chloroform. A sponge impregnated with it was given him to respire from: the action was very rapid, without any appearance of preceding excitement, and the patient was soon plunged in total insensibility. I performed the operation, but when it was concluded, the patient did not recover his consciousness, and remained in a state of alarming stillness. The pulse gradually sank; the heart ceased to beat; all the sphincters were relaxed, and his cadaverous face seemed to testify that death was near.

"All the means I have indicated in the preceding case were tried, but without avail, and it became necessary to have recourse to insufflation, which had already so well succeeded in one case. Success crowned my efforts, and the patient recovered."—*Boston Journal.*

Veratrum Viride, or American Hellebore. By W. C. NORWOOD, M. D., of Cokesbury, S. C.—As an arterial sedative in pneumonia, Typhus, and other fevers and inflammations, the Tinct. of American Hellebore, is eliciting at present considerable remark and attention on the part of the profession. One of the peculiar properties of this article is, its power to control the morbid action of the heart, causing a consequent diminution of pulse, without producing necessary emesis, or even nausea, when it is administered at first in small doses. Two interesting cases of pneumonia are cited by the author of this paper, both of which were severe, but yielded kindly, under the effects of this remedy—

"In 1846, we were called to see Mr. E., in consultation with Dr. J. A. Stewart. Mr. E. had been laboring under a severe attack of pneumonia for several days. The remedies prescribed were entirely approved of and continued for a time, but failed to relieve. The threatening aspect of the case was such, that it was thought prudent to inform his parents at a distance, of his perilous condition. At this critical juncture, we observed to Dr. S. that we had been using an article in a number of cases of pneumonia, with a success and peculiarity of effect we had never been able to obtain from any other remedy, and proposed to use it in the present case. We immediately put Mr. E. on the use of the veratrum viride, to be given every three hours—the quantity to be increased one drop at each dose until nausea or vomiting occurred. At 8 o'clock, A. M., commenced with seven drops. The third portion excited severe nausea and free vomiting, with great paleness, coolness and moisture of the surface. During the occurrence of these interesting and striking effects, we were notified that Mr. E. was vomiting freely, was much worse and was thought to be dying. We found, however, that what had caused so much alarm to the patient and his friends, was to us a source of gratification; for, after the effort of vomiting was over and nausea relieved, the pulse was reduced to 63 beats and the pain relieved."

The pulse of this patient, previously to taking the Tincture, was 120 to 130 beats; and was reduced in twelve hours to 63, while the febrile and inflammatory symptoms subsided; after which the portion was diminished one half, and continued for several days, without any renewal of the attack.

"Called, in February, 1847, to see a son of Mrs. T., laboring under a violent attack of pneumonia, we put him on the use of veratrum viride every three hours. Although 12 years of age, his general slender health and deformed chest, having been severely afflicted with asthma, induced us to commence with a very small dose, that we might avoid any drastic effect of the remedy. The first portion given was two drops, to be increased one drop every portion until the slightest nausea was experienced, then to lessen or discontinue the remedy, as the case might require. On taking the third or fourth portion, Mrs. T. discovered that he was getting very pale, that the skin was cool and moist, and pain scarcely felt only on taking a full inspiration. The slowness of the pulse, and the pallor and coolness of the surface alarmed her, and she sent for us. We found him pale, cool, moist, and with a pulse beating 35, full and distinct.

When put on the tincture, in the morning, his pulse was 120 to 125, skin hot and dry, frequent and labored breathing, pain severe, great thirst. In the short space of twelve or fifteen hours the symptoms were subdued, and by continuing the tincture in doses of from two to three and four drops, there was no renewal of the symptoms.

"In nearly all, if not in every acute disease, especially of a febrile and inflammatory character, we find the frequency of the pulse and the derangement of the vascular system in proportion to the force and severity of the case. There is scarcely an exception to the rule. Why this is so we do not know. The fact cannot be denied; and in order to restore health, we must, of necessity, control the circulation, directly or indirectly. Now, veratrum viride will almost invariably effect this, whatever may have been the disturbing cause. The how and the why, we do not understand. We look upon the universality of its application to be exactly defined by the universality of the occurrence of increased cardiac action. In testing its powers, we did not confine our experiments to febrile and inflammatory diseases of an idiopathic character, but extended them to traumatic lesions in which fever and inflammation had supervened, and our labors were crowned with a success that we little dreamed of realizing. Its power of controlling arterial action, in febrile and inflammatory diseases and in truamatic lesions, we consider established beyond doubt. We gave the statement of a case of convulsions, treated with the veratrum viride, in the January No. (1851) of this Journal; since which time we have treated a number of others, with great success. We have not used it in epileptic convulsions sufficiently to enable us to speak with confidence and certainty in that disease. In the case of a Mr. S., whom we commenced treating in January last, and still have under treatment, there has been no return of the paroxysms since then, which is a much longer interval than he has enjoyed for years, and his general health is much improved. It stands unrivalled in palpitations of the heart, for promptness and certainty of relief. It is a specific in the painful affection of the testicle consequent upon the mumps. We have not failed, in a single case to obtain relief from the pain and fever in twelve hours, and prevented a return of the symptoms, by perfect rest and a continuance of the tincture for three or four days. How far it will succeed in orchitis, from other causes, we are not prepared to say. It affords us no ordinary pleasure, to record its value in the treatment of the inflamed mamma of lying-in females. If taken in time, in these cases, it may be relied on to control the fever, pain and inflammation of the brain. In hooping-cough, accompanied with high febrile excitement, it has no equal. In convulsions generally, it is highly valuable. In asthma and rheumatism its effects are peculiarly stiriking, especially in the acute forms. In chronic rheumatism we have not used it. In puerperal fever our experience is limited, but the few cases in which it was used, stamps it a reliable agent in that disease. We have found it of great value in the treatment of typhoid dysentery, and would feel unable to combat that disease without it or some other remedy of equal power. Its effects on the system are in perfect antagonism to those of scarlet-fever. Combined with the diuretic treatment, we do not believe it can be equalled by any other plan of treatment that has ever been adopted in scarlet fever. We know it to be valuable of itself, but its powers are greatly increased by the above combination.

"When we reflect upon the power of veratrum viride to allay pain, irritability and irritation, and more especially irritative mobility, in connection with its influence over the heart's action and deranged secretions, it is truly difficult properly to appreciate its value. We know of no untried agent that we would venture to rely on with more certainty in the treatment of yellow fever, and we look with interest for the results of its trial in this disease. From its direct influence over the vascular system, we believe it will prove valuable in the treatment of small-pox, and by keeping the excitement down and the surface cool and pale, it will perhaps prevent the unsightly pitting which often takes place in that disease."

The author next speaks of its efficiency in the treatment and cure of Typhoid Fever.

"The treatment of typhoid fever is a matter in which every individual is deeply interested. Might we not ask with emphasis, what country, what community, has not felt and heard of the destructive mortality following in its wake? and has not the cry been echoed back by every tongue and breeze—a remedy to stay the fell destroyer's progress! When we have presented as much of facts and evidence as we deem sufficient on the occasion, you will be able to judge and others can determine whether a cure has been discovered and the destroyer stayed or merely checked; when the value of veratrum viride in pneumonia typhoides and other malignant and fatal diseases, is embraced in the subject, it becomes doubly interesting and important. In 1850 we first entered on a trial of the tincture of veratrum viride in the treatment of typhoid fever. It was due to our patients and to justice that we should proceed with caution. We accordingly, at first, gave it in mild and moderately severe cases, avoiding its use at first in all cases of unusual severity and malignancy. We first used it in the case of a negro boy of Mrs. W., which was uncomplicated and yielded readily. When called, on the third day of the disease, the bowels had been moved sufficiently by a cathartic of calomel, followed by repeated portions of camphorated Dovers powder, without abatement of the symptoms. The skin was hot and dry, great thirst, severe pain in the forehead; the eyes dull, heavy and ecchymosed; tongue covered in the centre with a dark, thin fur, tip and edges very red and dry; pulse 127, small, soft and with quickness in the stroke, that indicated greater frequency than really existed. The patient was ordered a six drop dose, to be increased till nausea or vomiting occurred. By mistake the dose was not increased. After continuing the treatment twelve hours, there being no abatement in the symptoms, we were notified of the fact and wrote to increase until an impression was made and that we would see the patient in twelve hours. During the absence of the messenger, Mrs. W. discovered that the dose was to be increased, and did so, and when this reached eight drops there was free vomiting, with a subsidence of all febrile symptoms, the severe pain in the head excepted. At the expiration of twelve hours, we found the boy with a skin cool and moist, thirst materially abated, and the pulse reduced to fifty-six beats. A blister was applied to relieve the unmitigated pain in the head, and the veratrum viride was continued four days without any return of the symptoms."

Several other cases are noticed; one a negro woman—pulse 116—skin hot and dry,—with considerable nervous excitement—sickness of the stomach and spinal tenderness, which had resisted the use of blister to the parts affected, as well as cupping, and an alterative treatment of calomel. Tinct. of veratrum viride was presented—seven drops at 12 M., eight or nine in the succeeding six hours. In one half hour after the third dose was administered nausea and vomiting were excited moderately—pulse 80—skin cool and moist, and nervous derangement much relieved—after which four drop doses were given every three hours, to establish the cure.

"On the 19th July, 1852, we were called into an adjoining district, to see a negro woman of Mrs. G.'s, in consultation with Drs. T. and McD. We saw her at 8, A. M., on the 20th, the twelfth day of the disease. She had been treated with all the remedies usually resorted to, without relief. She was slightly mercurialized; supposed to be three months advanced in pregnancy; pulse 130, extremely quick and weak, so much so that it was difficult to count; tongue dry and red on the tip and edges, with a thick dark fur in the centre. The papillæ were not covered with fur, were elevated, enlarged and flattened at the top; thirst extreme; great heat in the region of the stomach, and complaining of internal heat and burning; extremities cold, with general coolness of the surface, except over the region of the stomach; answered questions in a quick and hurried manner—would invariably change some part of the body before giving an answer. Discharges from the bowels dark and muddy, mixed with slime; more or less tenderness and gurgling on pressure in the right iliac region; tendency to diarrhea slight. On the ninth day from the attack, there was a sudden and decided change for the worse, and brandy and quinine were freely given to sustain the action of the heart and arteries, and the surface was thoroughly rubbed to keep up external warmth.

"We have given such a description of the treatment and condition of the patient, at the time of our first visit, as will be fully endorsed by the physicians in attendance. Two cases had just terminated fatally in the same family, and two others in a family not more that six hundred yards distant. We could not complain of the reputation that had preceded us; but the standing of the medicine was anything but favorable in that region of country. The previous and threatening mortality, the severity of the case, the new remedy, the unfavorable prognosis of the physicians in attendance, naturally excited the deepest interest, and curiosity was wrought up to the highest point as to what course would be pursued. By consent, every remedy was discontinued, both internal and external, and the tincture of veratrum viride ordered every three hours, to be increased *pro re nata,* which we superintended in person from 9 A. M. till 5 P. M. Three drops were given at 9, which nauseated and vomited pretty freely before 12. The first matter thrown up was a large quantity of mucous slime, followed by a quantity of dark, thick bile, or bitterish fluid, on the ejection of which she expressed considerable relief from the unusual burning or heat in the region of the stomach. Four drops were given at 12, which excited free emesis in from thirty to fifty minutes, bringing up an abundance of thick, yellow bile. After this paroxysm of vomiting had subsided, the extremities and surface generally became warm, or, in other words, there was a general diffusion and equal distribution of heat. She expressed perfect relief from internal heat or burning, followed by a general feeling of agreeable coolness; but three drops were given at 3 o'clock, which excited slight nausea, and perhaps a slight but single paroxysm of vomiting. What we had achieved when we left (at 5, P. M.) was the relief from unusual heat in the stomach, severe thirst, general restlessness, an equable diffusion of heat, and greater fulness and distinctness of the pulse. Instructions were left to continue the veratrum viride in three or four drop doses, as she might be able to bear it, avoiding too much nausea and vomiting, if possible. After leaving, we sent a message back to give twenty or thirty drops of laudanum, one hour before the next portion, to prevent nausea or vomiting, if possible.

That night, as a matter of course, was passed by us with more or less anxiety and interest. On reaching the patient the next morning, the viride was exciting very little nausea, the pulse was reduced to 120, more full and distinct, and all the other symptoms were slightly improved. We were not satisfied with the small quantity of the veratrum viride we were using; we therefore ordered an enema of four ounces of cold water and six drops of the tinct. of veratrum viride every six hours, and the three drop doses, every three hours, to be continued, thus making, in all, forty-eight drops in the twenty-four hours. The enemata were ordered to be given between the portions by mouth. The nausea and vomiting were kept up for a time after each enema, but not to an extent that required them to be suspended, and which subsided after a few repetitions of the enema.

The morning following, which was the fourteenth day of the disease, the pulse was down to 100, and with a like improvement in all the symptoms. The morning following, the pulse was reduced to 85, and all the other symptoms were greatly mitigated, so much so that we were not to see her for the next forty-eight hours. On Sunday morning, at 9, A. M., (the seventeenth day of the disease,) we were at our post, with our pleasing anticipations disappointed, blasted, and for the time, scattered to the winds,—but to fight the battle at far greater hazard. Found her flooding; pains severe and frequent. Requested Dr. T. to examine the uterus; found the os tincæ soft and dilated, so that he could discover a substance or body presenting; gave her a portion of ergot; the fœtus was thrown off within half an hour, and flooding ceased. By this time the pulse had reached 135 beats per minute, was peculiarly quick and feeble; number of respirations 68 per minute; skin hot and dry, the heat of that peculiar acrid kind called "calor mordax;" thirst greatly aggravated. The veratrum viride was increased to five drops every three hours; spirits of turpentine to be given every six hours, in fifteen drop doses, in a little warm sweet milk to cover the taste, which excels any vehicle we ever tried. The enema of cold water to be continued every six hours, and the viride increased to eight drops. When we left, at 4 in the afternoon, there was slight moisture on the surface; the pulse was 130, more full and distinct; breathing a little less frequent and hurried. On the day following it was reduced to 95 beats per minute; on the following day it was reduced as low as 85, with a like improvement of all the symptoms. The remedies were continued, and she rapidly and perfectly convalesced. It did appear that Providence brought us safely through the most critical of all the cases we have met. It also appeared, that so soon as the fœtus was thrown off, she was much less susceptible to the impression of the veratrum viride.

There are many points of interest in the above case, which are well worthy of particular notice. In the first place, it had been treated by two skillful physicians, with all the ordinary remedies. On the ninth day, the stage of collapse or exhaustion set in so rapidly and to such an extent, as to render brandy, quinine and rubefacent frictions necessary, to keep up the actions of the heart and arteries as well as the external warmth. After the free use of the above, from Saturday till Tuesday, we find there was no relief, but rather a continuance and aggravation of the symptoms. On Tuesday there was a withdrawal of all the remedial agents in use—was put on a few drops of the tincture of veratrum viride, at no time for the first 24 hours exceeded four drops. This was attended with relief from internal heat and burning, a general distribution of heat on the surface, and the pulse rendered slower, fuller, and more distinct, &c. The only change made which seemed to add to the good effects, were enemata of cold water, containing six drops of the tinct. of veratrum viride. In the mean time she aborts with a renewal and aggravation of all the symptoms; to meet which, there is added to the treatment 15 drops of spts. turpentine; the dose of veratrum viride increased, by mouth, to five drops, and by enemata to 8 drops. Again, the lessened susceptibility after the abortion, whereas, under ordinary circumstances, bleeding increases this susceptibility: true, the loss of blood was comparatively small, yet, taking into account the length of time she had been sick, it might be said to have been relatively large. These are facts and circumstances for reflection and investigation.

Veratrum viride, green hellebore, American hellebore, is not our common Poke-root or *Phytolacca Decandra*, but is the poke weed, veratrum viride, and is entirely different in its appearance and properties. Again—it is called white hellebore, by the shakers, and those ordering the veratrum viride often get the white hellebore proper, or European, for it, by not being specific in the correction of the error in name. The properties and powers of veratrum viride are the following: 1st, acrid—This property is very limited and confined to the fauces. 2d. It is adanagic, deobstruent or alterative: this property it possesses in a marked and very high degreee; not equalled by calomel or iodine in this particular, which will adapt it to the relief and cure of many diseases hitherto beyond the reach of any remedy. Of this class of diseases, those which we think will be much benefitted by it, are, cancer and consumption. 3d. It is actively and decidedly expectorant, so much so that we rarely add any other article. 4th. It is one of the most certain diaphoretics belonging to the materia medica: it often excites great coolness or coldness of the surface; in some cases the skin is rendered merely soft and moist; in other instances, the perspiration is free, and at other times it is most abundant; but, notwithstanding its profuseness, it does not reduce or exhaust the system, as many diaphoretics do when in excess, and therefore need not excite alarm nor be suspended on that account. 5th. It is nervine, not narcotic, under any circumstances; as since our first article, we have taken it more than twenty times to test its varied powers, and we have taken it in all quantities, from the production of free emesis down to the minimum dose. This property renders it of great value in the treatment of painful diseases, and such as are accompanied with convulsions, morbid irritability and irritative mobility. For example—pneumonia, rheumatism, puerperal fever, convulsions generally, and palpitation of the heart, &c. 6th. It is one of the most certain and efficient emetics known, and is peculiarly adapted to meet that indication in hooping cough, asthma, croup, scarlet fever, and in all cases where there is much febrile and inflammatory action. It often excites severe nausea and frequent vomiting, which, taken in connection with great paleness, often alarms the patient and by-standers; but these effects, when in excess, are readily relieved by one or two full portions of morphine and tinct. of ginger, or of laudanum and brandy. One grand and leading feature is, that the exhaustion which follows it, is not excessive and permanent, but confined merely to the effort. Again, the matter, first ejected, is a large quantity of thick, slimy mucus, and soon after, the liver is called on to pour forth its own fluid in abundance. 7th. The seventh property is its most valuable and interesting, and for which it stands unparalleled as a therapeutic agent. So much has already been written on what we call the sedative—arterial sedative—properties of the agent, or the power it possesses of controlling and regulating arterial action, that we shall not again run over the amount of evidence on this part of the subject. By virtue of this and other powers, the treatment of disease has been much simplified, and when the effects, recorded in the case of Mr. G's negro woman, shall have been fully considered, we may bid adieu to much of the supposed necessity for stimulants in the treatment of atonic or asthenic cases. We challenge the medical world to produce its equal, as a therapeutic agent, for certainty of effect, for extent of effect, or for peculiarity of effect, and the ease and safety with which it may be administered to small and great. In small portions, we have found nothing to equal it in exciting and promoting appetite.

The formula we use is the following:—

℞. Root of veratrum viride, dried, . . oz. 8
Alcohol, of the shops, undiluted, . . . " 16

Let it stand from ten days to two weeks. Medium dose for an adult male, eight drops, to be increased one or two drops every portion, until nausea or vomiting, or a reduction in the frequency of the pulse takes place; then reduce one-half in all cases. Females, and persons from 14 to 18 years of age, should commence with six drops, and increase as above. Children, from one to two years of age, to commence with one drop; from two to five years of age, two drops, and increase one drop. The usual interval with us is three hours between the portions. In ordinary cases of pneumonia, we usually continue it three days after the symptoms are subsided. In typhoid fever, and many other diseases, it requires to be continued much longer. For the satisfaction and information of the profession, we would state that it may be continued indefinitely, or any length of time, in moderate doses, or short of nausea, without the least inconvenience. The only objection that could be urged, is the increase of appetite, or desire for food. It is not cathartic—it is like all other remedial agents, subject to the same rules and regulations, making it out of the question for a person to lay down any but general directions for regulating the dose. We are better pleased with the method adopted for getting its first impression by Dr. Welburn, of Farmville, Alabama, than with our own. We allude to the short interval between the first three portions he administers: He gives "six drops, in ten minutes seven drops, in ten minutes more eight or ten drops; and then suspends the dose till vomiting occurs," which will be sure to take place in a large majority of cases. In the outset of many cases, we would recommend Dr. Welburn's manner of using it. In a male, twenty-five drops is the largest quantity we have known to be required to excite emesis, and sixteen drops in the female, when given in the manner and at the intervals we have directed. There need be no danger apprehended of its exciting inflammation of the stomach—we have given special attention to that particular. It is peculiar and at the same time interesting in its effects. The fact of its acting as a sedative on almost every other portion of the system, diminishing the vascular and muscular action and motion of every other part, and increasing that of the stomach. We have seen it produce emesis in very susceptible persons, and the contractions of the stomach were so rapid as to be almost continuous and uninterrupted; but a strong alcoholic tincture of ginger and morphine would afford more prompt and immediate relief than any other articles that we have ever used. We have never seen a case that failed to be relieved by the above remedies in thirty minutes. The great advantage of the remedy is that it does not exhaust longer than the effort to vomit is concerned. A great many remedies leave the patient in an exhausted and enfeebled condition, aside from the effort or immediate action—not so with the veratrum viride. Again, tartar emetic should never be given with it, in any form or manner. The only cases in which we have seen the tincture of veratrum viride purge, were when given in combination with tartar emetic, or with Coxe's hive syrup. In most of these cases it excited a violent cholera-morbus. We would not think of giving the tincture of veratrum viride where tartar emetic had been used, without preceding it with a full dose of morphine or laudanum at least one hour. We have known many fall out with the veratrum viride when it was not at fault. Again, venesection, when a large quantity of blood is drawn, increases materially its effects, whereas opium and morphine lessens or diminishes them. If a patient had been bled freely, preceded or followed by a liberal use of tartar emetic, and then followed up with medium portions of the tincture of veratrum viride, we should anticipate and prepare for drastic, if not hazardous effects."

Obstruction of the Bowels. Two Cases reported by E. D. FENNER, M. D.—*Case* 1. A few weeks since I was requested by Dr. Moss, of this city, to assist him in the post mortem examination of a mulatto man aged about 35 years, who, after suffering repeated attacks of obstruction of the bowels, accompanied by great pain and stercoraceous vomiting, finally sunk and died. He had suffered three attacks within the month previous to death. Dr. M. had attended him in several of them, and only succeeded in relieving him with great difficulty by means of free cupping, the warm bath, and Croton Oil. These means succeeded in opening his bowels in his last attack, but he did not recuperate afterwards. On examination after death, we found a *small piece of bone* lodged in the lower portion of the ileum. It had excited inflammation and *thickening of the intestinal walls* to such extent as to cause an almost impermeable stricture of the canal. Here was the cause of death. The piece of bone was only *three-fourths of an inch in length*, and rather flat. The ends were not sharp, and the only wonder is, that it had not passed without difficulty.

Now let us see how much larger an amount of foreign substance did pass the entire extent of the alimentary canal, till it reached the anus, where it was impeded by the sphincter, and had to be removed mechanically.

Case 2. On the 11th September, 1852, I was called to see a white female child, aged about two and a half years. I was told that she had diarrhœa with prolapsus of the rectum. No assignable cause was mentioned at the time. About three months previously, I had attended this child for an obstinate attack of diarrhœa, and relieved her entirely.

On this morning, the child did not appear to be much sick. I advised a little Hydrarg. C. Creta, to be followed by a dose of Castor Oil. A few hours afterwards I was sent for, and informed that a piece of cork had been discovered in the child's anus. Upon reaching the patient, I found this to be the case; a large piece of cork was plainly visible. I readily succeeded in removing it with my finger; but this was not all. I continued to take away piece after piece, until I removed *nearly a handful*. The operation gave considerable pain, and caused slight hemorrhage, but I removed all I could reach. I then prescribed a dose of Castor Oil, which produced a copious operation, and gave complete *relief*. A considerable quantity of cork came away some days afterwards. We were then informed by a larger sister of this child, that she had often observed her with cork in her mouth, but did not know that she had swallowed it. Thus it is evident that this large amount of *cork*, some of the pieces as big as the end of my thumb, had been swallowed, and traversed the alimentary canal as low as the anus. There were perhaps a dozen of pieces, twice as large as the piece of bone that caused the death of the man first mentioned. The quantity of cork passed completely filled a common match box.—*N. O. Medical Register.*

Intussusception of the Bowels. By DANIEL BARBER, M. D.—*Gentlemen*:—Believing that the following plan of treating intussusception of the bowels is not familiar to the minds of many of the profession, I submit to you a case in which it was successfully applied.

The subject was a young man aged twenty years. He had two attacks within ten days. Constipation followed immediately upon the last. He was treated for four days with purgatives—warm water injections—bleeding, &c., without any effect. At the end of this time (Nov. 13) I was called in consultation with Dr. Bennett, of Withamsville, the attending physician. I found the case as follows: Pulse 120, abdomen tympanitic, and tender to the touch, extremely severe paroxysmal pain of the bowels, frequent vomiting of highly offensive matter, obstinate constipation.

To subdue the tendency to peritoneal inflammation, we repeated the bleeding and administered the sulphate of morphine, in half grain doses every two hours until he was brought fully under its influence. When I returned on the evening of the 14th, the pulse had fallen to 96—the tenderness and pain of the bowels were materially diminished—the vomiting less frequent and distressing—constipation continued. Frequent and large quantities of warm water has been continued to be injected. At my suggestion the following plan of treatment was adopted.

We procured a small quantity of brewer's yeast, from which was prepared in the usual way a quantity sufficient for our purposes. At about midnight, we gave a tumbler half full, and ordered the same quantity to be repeated once or twice every hour.

On the afternoon of the 15th, when it was obvious from the quantity taken and retained, that the intestines above the obstruction, were distended with carbonic acid gas, the colon was likewise inflated with atmosphere by means of a pair of fire bellows.

By these means combined, the intestinal canal throughout its whole course was inflated, and the obstruction reduced.

At nine o'clock in the evening, a copious evacuation of the bowels ensued, followed by several others during the night. At the same time the explosions of gas were so violent as to be heard at some distance from the house—it was literally keeping up a regular fire. The patient was at once relieved, and speedily recovered his former health. Besides the distending force of the gas, it is very probable that it exercises a beneficial influence by its sedative and antisceptic properties.

I believe this practice originated with the French, but to what extent it has been applied I know not. Drs. Johnston and Rogers of this place, have given yeast in two or three cases of this disease during the course of their practice here, with success. In one case relief was afforded on on the fourteenth day of the attack, every other means had been tried and failed.

From the above facts I should feel disposed to give this plan a trial in every case, where the ordinary means fail. Should relief not be obtained in a reasonable length of time, and the case be protracted, and as it were hopeless, a moderate exhibition of the yeast, by its antiseptic properties and by gently exciting the peristaltic action, would afford perhaps the best prospects of success.

New Richmond, Ohio, Nov. 30th, 1852.

On page 358 of our last volume may be found an article by Br. B. H. Washington on *Dry Cupping,* and below we copy another paper of his on the same topic. This seems to be something of a hobby with the doctor, but as we believe he makes out a good case, we present the matter for the consideration of our readers, as worthy their attention. *

A Valuable Substitute for Ergot. By B. H. Washington, of Woodburn, Ky.—I lately attended a midwifery case and deem it advisable to report the treatment for further investigation. The pains commenced at 4 A. M. and continued at intervals of 15 to 20 minutes until 6 P. M.; were slight and produced but little effect; upon examination found os uteri dilated, head presenting, but high up; scarcely any effect perceptible during the pain. Not willing to leave the management of the case any longer to nature, I concluded to dry-cup her; applied a cup as low down on the sacrum as possible so as to cover the origin of the nerves to the os uteri and produce relaxation; previous experiments had shown me the uterus would not contract unless applied higher up; my design was to produce relaxation of the os uteri and then dry-cup higher up, so as to cause the uterus to contract. The result was most satisfactory to all interested; for complete relaxation ensued, at the next pain the head descended to the outlet, and at the second pain she was safely delivered, and that too in less than ten minutes from the application of the cup. No hemorrhage resulted, the placenta came away with scarcely any inconvenience in about three quarters of an hour, and everything went on well.

This is the second case in which the above plan has been tried, in the first, the patient was safely delivered in about 15 minutes, and with three pains. She had been suffering upwards of 12 hours without effect; was induced to try the plan from two facts, first, the partial paralysis of the arms while the cup was over the origin of the bronchial nerves, and the successful application of dry-cupping in a case of dislocated shoulder joint, as mentioned in my first article on dry-cupping; secondly, the cups had been applied on a patient after delivery, to relieve the disagreeable feelings resulting therefrom, and the patient told me that she could feel the uterus contracting very strongly. Putting these facts together, it occurred to me that as contraction was the legitimate function of the uterus, while expansion was the legitimate function of the os uteri, by the application of the cups over the origin of the nerves to the defective parts, the appropriate results would follow; the plan has been followed with the most complete success, as manifested by the cases above mentioned. I would therefore recommend a trial of it in all tedious cases.—Apply first a cup as low down on the sacrum as possible, and if in the course of ten or fifteen minutes the patient was not delivered I would recommend the application of another cup higher up, so as to cause the uterus to contract, *the lower one should always be on when the upper one is applied, so as to insure relaxation* of the os uteri when the pains come on.

In cases of retained placenta, I would recommend a contrary course; apply the cups higher up so as to cause the uterus to contract at once; the placenta can always follow the child.

The great advantage of this method of causing the os uteri to relax and the uterus to contract, over the plan of giving ergot, needs no other recommendation I presume than a simple statement of facts: When ergot is administered the woman is delivered by main force and in opposition to the usual proceeding of nature, without any relaxation except that produced by the most fearful and agonizing pains;—by dry-cupping, such a complete relaxation is produced, that two or three pains are sufficient and the amount of suffering is not more than ordinary. Indeed, the amount of suffering is much lessened, one would feel tempted to try it in ordinary cases where every thing was going on well, merely to shorten the period of suffering. Another advantage is, that as soon as the delivery is over, the pains are over too, the placenta comes away with scarcely any inconvenience. Whether it would be justifiable to apply it in an early stage of labor merely to lessen the duration of suffering, I leave to be decided by future experience. I certainly should not recommend it in that stage without further trial. In my first article on dry-cupping, I omitted two important items; first, that it breaks up the chain of nervous sympathy during pregnancy, and regularly applied, *keeps it broken;* the patient suffers very little, and that little more from imprudence than from nervous sympathy. Let the patient be dry-cupped every third or fourth night (her husband can easily do it with a tumbler) and sponge herself two or three times a week with water, cold or warm, according to fancy, and my word for it she will suffer as little as the heartiest Indian female, unless broken down by some organic disease. The other item is, that if there is a scant secretion of milk, or none at all, apply three or four cups to the spine, especially over the origin of the mammary nerves, and there will soon be a plentiful supply. These items are not theoretical assumptions, but the result of actual practice, and I sometimes censure myself for not making them public sooner, as an immense amount of sympathetic suffering can be easily prevented. As mentioned in my first article, when it is desirable to produce an effect on a given part, the cups should be more strongly applied over the origin of the nerves distributed to that part; and they should be larger than those in common use; a common tumbler with a thick rim will answer very well, except in female cases; in those I use the pump to produce a vacuum, as they can be applied under the covering without offending the most fastidious.—*Nashville Journal.*

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ENGRAVED BY P.B. WELCH PHILA FROM A DAGUERREOTYPE BY MCCLEES & GERMON CHESNUT ST.

GEORGE B. WOOD. M.D.

Geo. B. Wood

Professor of the Theory and Practice of Medicine

IN THE UNIVERSITY OF PENNSYLVANIA.

NEW JERSEY MEDICAL REPORTER.

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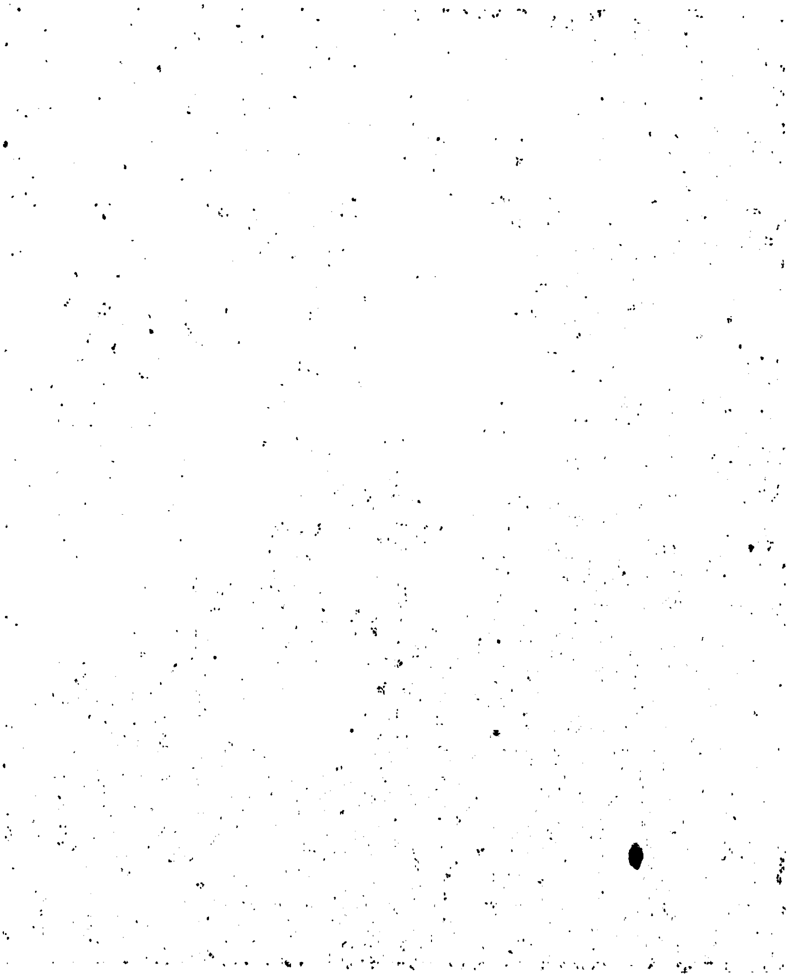
* See Historical Collections [illegible]



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IN THE UNIVERSITY OF PENNSYLVANIA.

THE

NEW JERSEY MEDICAL REPORTER.

VOL. VI. THIRD MONTH (MARCH.), 1853. No. 6.

Biographical Memoir of Prof: George B. Wood, M. D., of Philadelphia.

In presenting to our readers the promised portrait of Prof: George B. Wood, M. D., of Philadelphia, we are glad of the opportunity to furnish the following brief notice of his life and public services.

Dr. Wood is descended from a family of Friends, who were among the early settlers of the city of Philadelphia. They came from England, and continued residents there till early in the last century, when they removed to Greenwich, then of Salem, now of Cumberland county, in this State. The family name has been honorably known in that region of New Jersey for several generations; and Richard Wood, the great grandfather of the Doctor, served as one of the Judges of the first court of the county, as far back as 1748.*

Dr. Wood was early sent to school in New York city, where he remained about three years, chiefly employed in the study of the Latin and Greek languages. After this, he went to Philadelphia and entered the collegiate department of the University of Pennsylvania, where he graduated in January, 1815, taking the first honors. Immediately after this, he entered the office of the late Dr. Joseph Parrish, of Philadelphia, as a private pupil, and remained with him till he graduated in medicine in the spring of 1818. Shortly afterwards, he commenced the practice of medicine, rose rapidly in public estimation, and succeeded beyond expectations.

Soon after receiving the Doctorate, he was engaged by his preceptor as an assistant in the education of his office pupils; and continued to perform the duties of this position for eleven or twelve years. His first regular course of lectures was delivered to a class of medical students, and a few *gentlemen* not engaged in the study of medicine, in 1820. They were on the subject of chemistry. Here we may digress a moment to observe that a certain writer for the Boston Medical Journal, in Vol.

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* See Historical Collections of New Jersey, by Barber and Howe, page 143.

XLI. p. 236, is incorrect in the statement that Dr. W. "was invited by the ladies of Dr. P's family to deliver lectures (popular) on chemistry," and that "from this he was transplanted to the chair of chemistry in the young and humble College of Pharmacy."

Dr. W. never lectured to a class of ladies, nor did he ever deliver a strictly *popular* course on any subject. In the summer of 1822, he was chosen Professor of chemistry in the Philadelphia College of Pharmacy: lecturing at the College during the winter, and to a class of medical students, on *materia medica*, in the summer.

In January 1830, he united with his former preceptor, and several medical friends, in forming the Philadelphia Association for medical instruction, in which he also lectured on materia medica.

In 1831, he was transferred from the chair of chemistry to that of materia medica, in the College of Pharmacy, and has not lectured on chemistry since.

In October, 1835, he was elected Professor of Materia Medica and Pharmacy, in the University of Pennsylvania, when he resigned from the two institutions with which he had been previously connected. This chair in the University was occupied with great success, till he was called by the Trustees to fill the place of the venerable Chapman, as Professor of the Theory and Practice of medicine; which distinguished position he now holds.

We have thus far spoken of Dr. Wood as a student, and a lecturer. It becomes us now, to glance briefly at his career as an author. In earlier life, he contributed freely to various journals, medical, pharmaceutical, and literary, and was for several years one of the Editors of the North American Medical and Surgical Journal. One of his first efforts was in the preparation of the History of the University of Pennsylvania in 1827, which was published in a separate form, and in the Memoirs of the Historical Society of Pennsylvania, Vol. III, pt. 1. But Dr. Wood's labors in the revision of the U. S. Pharmacopœia, for 1830, 1840, and 1850, are among his most useful contributions to science. In these labors he was first associated with Dr. Franklin Bache, and the late Dr. T. T. Hewson, under appointment by the College of Physicians, of Philadelphia; and subsequently he acted as a member of the committee of revision, appointed by the National Convention at Washington. While engaged in this laborious duty, he first conceived the idea of preparing the U. S. Dispensatory, which he did in conjunction with his distinguished associate, Dr. Bache, now Professor of Chemistry in the Jefferson Medical College. This work, of which Dr. Wood wrote the parts connected with the vegetable materia medica, and Dr. Bache those of the mineral department, was first published in the year 1833; since which time it has passed through nine editions. It is *the* standard work of physicians and druggists all over our land, to be found in almost every office, and on the counter of every careful apothecary. In 1847, Dr. Wood first issued his Systematic Treatise on the Practice of Medicine, in two volumes, which has been received at home and abroad, with almost unexampled favor, by the medical public, and in the short term of less than six years, has gone through three large editions.

Early in his career as a practitioner, Dr. Wood served as a physician to several public charities, among which was the Philadelphia Dispensary, with which he was connected for five years.

In 1835 he was chosen as one of the physicians of the Pennsylvania Hospital, which place he now holds, availing himself of the opportunity thus afforded, to impart many practical lessons as a clinical instructor to the inquiring student, and at the same time to cheer the unfortunate victim of disease by the smile of kindness, and the hand of science.

Omitting to notice the more ordinary incidents of Dr. Wood's life, and the many honorary appointments that have been held by him, we may be permitted to name *one* which affords us peculiar pleasure. We refer to the fact, that he was received by a unanimous vote of the New Jersey Medical Society, at its eighty-seventh annual meeting, as an honorary member. Thus has the profession of his native State, by offering him their highest gift, exhibited their exalted appreciation of his talents, and well deserved reputation. ED.

A Case of Occlusion of the Vagina. By ALEX. ELWELL, M. D.

February 21st, 1851, I was called to Mrs. ——, aged 38, found her flooding very considerably,—but by the usual means, such as Acet. Plumbi. with opium, frictions over the abdomen, &c., the hemorrhage was arrested without much difficulty—ordered light diet, and rest in the horizontal position. 22d, Found her doing as well as we could expect under the circumstances. 23d, much the same—the night of the 23d was called again, and found her much worse than before; I now used ergot and the tampon, by which the flooding was again arrested; from this time she seemed to be doing well, until March 12th, when (in my absence), Dr. Woolston was called in, and found her flooding again. Upon examination he removed, (what the patient assures me, was her womb,) but what the Dr. says was a retained placenta, her youngest child being then three years old. In a very short time after this body (whatever it may have been) was taken away, our patient began to convalesce rapidly. May 3d, was again requested to see her; found her sitting up and sewing—looking quite as well as I had ever seen her. Upon inquiry, she told me that she was not sick, but "since the removal of her womb," (she still insisting that it is gone,) the *vagina* had entirely closed, which upon examination I found to be really so, though I confess I had some misgivings as to the truthfulness of it, until I had satisfied myself. The union of the walls of the vagina is so complete, as to give the impression that it was never otherwise. As regards her health at this time, she assured me that she had not felt better for two or three years, upon which, I thought it best "to let well enough alone," and did not prescribe. Since her illness there has been no effort to *menstruate*, (nor any detriment to her health on account of the absence of the catemenia, though, she previously had been quite regular,) until September 14th, 1852, at which time Dr. W. was called again, and found her complaining of pain in her head, loins, and lower extremities: believing the trouble to depend on the absence of the catemenia, he took from the arm ℥iv. blood, and ordered a brisk cathartic, which relieved her; just twenty-eight days from Dr. Woolston's visit, I was called, and found her much the same, as stated above. The same treatment repeated, and I have heard nothing from her since.

So much for the synopsis of the case. As regards the absence of the catemenia and occlusion of the vagina, I am unable to assign any very satisfactory reason. Dr. Woolston, in conversation with myself, not long since, said he thought the absence of the menstrual discharge, and the coalition of the walls of the vagina to be depending upon the following circumstances; namely—The presence of the retained placenta, occasioned much inflamation, and when removed, a large portion of the mucous membrane adhered, and was also removed, upon which the inflamed walls of the uterus and vagina came together and united—hence there being little or no mucous membrane left, there of course could be no secretion of menstrual fluid. Now the Dr's. reasons for the non-appearance of the menses and occlusion of the vagina seem to me quite plausible, but I cannot help expressing a doubt as to whether a placenta could be retained three years, and occasion no more trouble than this did. Being out of town at the time this body was removed, I cannot say it was not a retained placenta, but I have thought there was a probability of its having been, a putrified fœtus—I do not give this as anything but a supposition.

The above case was written for publication, because I thought it might be interesting to others of our profession, as it has been to me.

VINCENTOWN, January 27th, 1853.

Fracture of the Os Coccyx, during difficult Labor.

By C. H. CLEAVELAND, M. D.

On the 28th of January, 1848, I was called upon to attend Mrs. A. in labor, if I recollect correctly, with her fifth child. On my arrival, I was told that at her *two* previous confinements she had suffered very severely from obstructed labor, and that after delaying in each case, as long as it was thought the safety of the mother would allow, the child had been destroyed and separated in parts, before it could be removed. As the mother had previously borne at least two living children, without any very unusual difficulty, I made special inquiries to learn if possible, what obstructions her former attendants, (at the two last confinements she had been assisted by different physicians), had discovered, as the cause of her misfortune, and I could not learn that any reason had been mentioned why she had suffered more than at her previous confinements.

As labor had been in progress for some time previous to my being summoned, I at once made an examination, and found the head of the child presenting in the natural position, and pressing firmly at the outlet of the pelvis. The head was so far advanced that I could not learn the capacity of the pelvic cavity, or the condition of the upper part of it; but at once I discovered a prolonged depression from nearly at the top of the head, downward almost to the top of the nose, and following that depression with my finger, I discovered that the os-coccyx was bent forward, and the lower extremity had made the depression in the head which had attracted my attention. Supposing it possible that I had discovered the cause of the difficulty in her former labors, (during the latter of which the head had remained impacted in the pelvis for several days before it was removed,) I explained the nature of the obstruction, and then learned, that some years previously she had slipped upon the ice, and had fallen in a sitting position, when she so injured her spine, that it was several weeks before she could walk without severe distress.

After explaining my intentions, and obtaining the consent of the patient, I returned the head of the child, sufficiently to allow me to put both thumbs above the dislocated bone, and making a very strong effort, I *broke* it near the angle, when the lower portion readily yielded to the advance of the child's head, and soon a full-sized healthy boy was born, without farther difficulty, or severe pain. The mother was told to be very cautious and not allow the bone to become displaced, and in the usual period she had resumed her household duties.

On the 14th of April, 1851, I was again called to attend on Mrs. A., when I found the bone projecting forward somewhat more than usual, and obstructing the canal, so that I applied the forceps, and again relieved her of a large sized and healthy child, after which the recovery was rapid and satisfactory. Within a few weeks I have attended on her for premature labor, and find the bone in nearly its normal position, and not tender or painful.

During my pupilage, my preceptor, Dr. S. H. Smith, related to me a similar case, that occurred in his practice; but whether the child was saved, or the bone replaced, I do not now recollect, but I have an impression that the child was destroyed.

Dr. Summers reported a somewhat similar case in the American Journal of Medical Science, for October, 1850, of a woman who had previously lost *three* children, in the last of which the cranium presented a deep gash, as if it had been cut with a sharp instrument. In this case, the os coccygis was not only bent forward, but the point of it was turned up so as to form a *hook*. As the Doctor recollected what had occured at the former confinements, he tried to straighten this hook, when he fractured the bone, and it was bent backward out of the way, so that a living child was born. At two subsequent labours, he was obliged to re-fracture the coccyx, and each time the operation was successful in saving the child.

As Dr. Summers says nothing about the pain from the fracture being severe, we may conclude it was not greatly so. In my case, the patient said it was not to be compared with the suffering she endured from the pains of labor, after the child's head had become fixed.

My experience in this, and some other cases where the former labors had been very severe or protracted, have led me to *insist* on being summoned as early as possible after the commencement of labor, that I may have an opportunity of carefully examining the pelvic canal, before the child's head has descended, so as to obstruct the examination.

WATERBURY, VERMONT, February, 1853.

Case of Stricture of Œsophagus. By WILLIAM JOHNSON, M. D.

Among the many ills to which flesh is heir, strictures of those canals which are lined by the mucous membrane, are far from being the least interesting, whether considered with respect to the sufferings both mental and physical, which they produce; or the imminent danger to which they often subject the unfortunate individuals, who are the victims of their visitation. Memory recalls many cases illustrative of these truths, particularly two fatal cases of stricture of the œsophagus, which occurred in this region of country, since my settlement here. The first case, I did not myself see, but had the relation from his widow. He died a few weeks after my settlement. He was young, but absolutely starved to death, after protracted sufferings, in full consciousness of his dreadful condition. The other case, I saw but once, and that a short period previous to her death. She too died from inanition. Professor Dorsey in his Surgery, relates a case of stricture of the œsophagus, where the post mortem examination revealed an almost entire obliteration of the canal; a probe could scarcely pass through the strictured part. Velpeau and other writers, cite cases of complete obliteration of the passage.

It is not my purpose to enter into speculation, as to the causes of these affections, whether they be owing to ulceration in some portions of these canals, producing narrowing by the contractions of their cicatrices in healing, or congestion and infiltration in the adjacent tissues whilst the ulcerative process is still going on, or whether simple spasmodic action be prominent in their production. But any light which can be thrown upon this subject by the record of individual cases, is due to the medical public, and it is under an imperative sense of duty, that I am induced to present the following case of stricture of the œsophagus.

I was consulted, the 23d of last July, by M—— C——, aged about 22 years, on account of stricture of the œsophagus. Her attention was called to it, about two years since. She was eating a piece of pickled cucumber, and was choked, and still more so very shortly afterwards, in eating a pear. Since then, the disease has been gradually increasing. Early in her disease, she could swallow nothing but liquid articles, or solid food very thoroughly masticated, and swallowed in very minute portions at a time. In fact, for some considerable time back, she has avoided taking any solid food; particularly animal, it chokes her even when well masticated, and swallowed in minute portions—liquid food sometimes does the same. She became very much alarmed, in consequence of the arrest of a very small cherry stone in her œsophagus, about the 30th of June last. She was eating a cherry, and the stone accidentally slipped into the œsophagus, and produced the greatest distress by being arrested there. She resides about two miles from me. In my absence, my son speedily saw her. He directed a solution of tartarized antimony to be held in her mouth; it produced great nausea, and in an effort to vomit the stone was ejected. This patient is anæmic, probably from insufficient nutrition. Her appetite for food is good, but she is unable to take sufficient nourishment. The catamenia are regular. Occular inspection of the fauces elicited nothing abnormal.

As tentative measures, I put her for a short time on tinct. ferri. chlor., iodid. potas., and applied an epispastic to the throat. The difficulty of deglutition was not in any degree relieved by these means. I now resorted to the bougie. My bougies were prepared, by saturating strips of muslin in melted bees wax, and when cold, cutting those pieces in such shape, as when rolled up tight they would be gently tapering. They were made of various sizes, firom ⅝ of an inch to 1⅞ of an inch in circumference. I commenced, by introducing the smaller sized, and found difficulty in passing these, but the difficulty rapidly gave way, and in a few weeks I passed the larger sized with ease. The size that I used for the greatest length of time, was 1⅝ inches in circumference. I finally passed very readily 1⅞ of an inch in circumference.

The stricture, I found to be situated some inches below the termination of the pharynx. I passed the bougie some inches below the stricture, which did not appear to occupy a very large extent of surface. A sense of resistance at the stricture in passing the instrument through it, was experienced. After passing it a few times, most decided relief was obtained by the patient. She visited my office, nearly every alternate day, for three months, and the bougie was introduced at every visit, either by myself, or my son.

The sense of suffocation, produced by the presence of the bougie in the œsophagus, was very distressing to the patient, and she could bear it but a short time at each introduction. I generally passed it twice or three times every visit which she paid me, which was much facilitated by covering it well with glycerine.

In using the instrument, I departed from the the directions given by Velpeau. He advises depressing the tongue with a spoon-handle or other instrument. This I did not find necessary, and he says nothing about throwing the patient's head far back, which I found very important. My method of introducing the instrument was, to have the patient supported by an assistant standing behind her. The assistant was directed to bring the patient's head far back, so as to render the passage from the mouth into the throat as straight as possible, the instrument would then, by a very slight curve in it, readily pass down into the œsophagus. Its introduction was rendered easier by the patient protruding her tongue (which she could do with ease) from her mouth. The patient experienced no pain from the operation; nothing but the strangulation above spoken of.

The improvement in this case, was decided, from almost the first introduction of the bougie, until I pronounced her cured. I suggested, however, at parting with her, that it would be advisable to have the instrument passed occasionally into the œsophagus, but she found herself so completely relieved that she did not return, and I learn that she remains well, and has married since. Her mother stated, but two or three days since, that she swallows her food with perfect ease; the bougie has not been introduced since October last—nearly four months.

Remarks.—The chief point of interest in this case is, the rapidity with which it yielded to treatment. The case I would contrast with one related by Dr. Jameson, of Baltimore, in the 29th No. vol. viii., of the Medical Recorder, Jan. 1825; edited by Samuel Calhoun, M. D., of Philadelphia. The Doctor's case is a very interesting one, and will pay well for the perusal. Dr. Jameson passed ivory balls of different sizes, attached to a stem, upon which they were secured, nearly every day for ten months, before he considered his patient cured. My patient was cured by the bougie passed every alternate day for three months. Whether this result was owing to the different kinds of instruments employed, or in my case being a less serious one, I do not pretend to decide. Dr. Jameson's patient too, was a female, but more advanced in life than mine; his being about 40 years of age, and his case, too, was of two years standing. For more than a fortnight he did not succeed in obtaining any advantages: but by indomitable perseverance, obtained complete success. His patient was one year under treatment. These two cases, in addition to others, give ground for encouragement in persevering attempts to dilate strictures, and it may yet be found, that well directed manipulation may obviate the necessity for resorting to the caustic, in the management of these cases.

White House Village, Feb. 14, 1853.

BIBLIOGRAPHICAL NOTICES.

The Transactions of the American Medical Association. Instituted 1847—vol. v. pp. 935.

After a good deal of delay, this long expected volume has reached our table. Why it should have been more than half a year in getting dressed by the printer, we cannot tell, and we will not now stop to inquire. It is mainly composed of the reports on epidemics, from the various States of the union, and this feature of the work gives to it a practical interest which neither of the preceding volumes has offered. It brings together a large amount of fact, and maintains the current history of disease in all parts of our country, which must, we think, increase the demand for the Transactions, and add materially to the general interest of the Association in every State.* The three reports on amendments to the Constitution, are the only ones that can be noticed otherwise than by a passing reference. These, claiming a large share of professional attention at the present time, and so soon to come up for discussion, and decision, will be remarked upon in our Editorial Department.

Manual of Physiology: By William Senhouse Kirkes, M.D., Licentiate of the Royal College of Physicians; Registrar and Demonstrator of morbid Anatomy, at St. Bartholomew's Hospital; assisted by James Paget, F. R. S., Lecturer on General Anatomy and Physiology, at St. Bartholomew's Hospital. Second American, from the second London edition, with one hundred and sixty-five illustrations; pp. 568 Philadelphia: Blanchard and Lea, 1853.

This valuable work on Physiology, having rapidly run through the first American edition, again presents itself to the physician and student. No essential changes being necessary, the American editor issues the volume in nearly the same form as the last English edition, with the addition of a larger number of illustrations. The reputation which this Manual has attained, is sufficient proof of its merits; and as it has been reprinted from the second English edition, which was carefully revised, and all the recent improvements in physiological science added, it is still deserving of full confidence.

What to observe at the Bed-side and after death, in Medical Cases. Published under the authority of the London Medical Society of Observation. Philadelphia: Blanchard and Lea. 1853, pp. 205.

This is the title of a book that is alike curious and valuable. The members of the Society named in the title page, determining to analyze, and arrange their clinical observations, with a view of arriving at great-

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* Dr. Flint's Prize Essay forms a prominent part of the work, and the several reports on special scientific subjects are inserted in full.

or precision in their bed-side experience, have furnished a table by which there may be a critical comparison as well as a clear exhibition of all the symptomatic appearances in disease: believing that errors in diagnosis are more frequently the result of deficient examination of, and searching for, all possible evidences of disease, than to misrepresentations in regard to the more prominent expression of morbid phenomena. It may be a good remembrancer to such as may use it; serving to direct their attention to certain appearances, particularly in obscure cases, which might escape the notice of an ordinary observer, its object being, to give instruction in a systematic clinical examination of patients.

Quarterly Summary of the Transactions of the College of Physicians of Philadelphia, from Nov. 3, 1852, to Jan. 5, 1853, inclusive.

This welcome quarterly is again on our table. We love to study its pages, not because of its merit only, but because it is the medium through which many well known friends express their sentiments on a variety of medical questions. The present issue is embellished with a good steel engraving of the late Dr. S. G. Morton, of Philadelphia, accompanied by a biographical memoir of his life, read before the College, by Prof. Wood. Several interesting articles are presented, among which are (by Dr. Hays,) an account of a splint, with a wood cut, for the treatment of fractures of the lower end of the radius, somewhat similar to Dr. Bond's splint, but preferred by Dr. Hays; and a record of successful treatment of a case of tape worm, by recent pumpkin seeds, at Wills's Hospital—by Dr. Wood, the history of a case of diabetes, treated with yeast, in which the quantity of urine is diminished one half, and its specific gravity is considerably less." Dr. Wood is inclined to the opinion that the elimination of sugar with the urine is prevented by the use of the remedy—and thinks that it has claims to notice, and ought to be tried by the profession.

Remarks on the bites of venomous serpents, and reptiles with cases, are offered by Dr. Edward Hallowell, and Dr. Samuel Jackson; and the history of a fatal case of gall-stone, read by Dr. Thomas H. Yardley. Other papers of interest, with discussions, might be referred to, but time and room fail us.

EDITORIAL.

Amendments to the Constitution of the American Medical Association.

As the most prominent question in medical politics among us, at this time, is that having reference to the adoption of one of the three plans proposed in the several reports upon the subject of amending the Constitution of the American Medical Association, which were presented at its last meeting, it is proper that we should consider them. The first report signed by Drs. Hays and Storer, proposes a modification of the present Constitution, so as to confine the representation to members of State and County Medical Societies, and to the Faculties of chartered Medical Colleges, under certain conditions prescribed in the report. These conditions, not measuring up to the standard hitherto established, and still maintained by the Association, we respectfully enquire whether, if this modification should be agreed to, the great Medical Congress of the nation will not involve itself in an inconsistency, which will at *once* cripple its influence with the profession, and impair *their* confidence in its usefulness. This inconsistency may be rendered apparent by a slight examination. It is proposed that "no State or County Society shall have the privilege of representation, which does not require of its members an observance of the code of ethics of this Association;" and yet it is not intended that no Medical College shall have the privilege of representation, which does not require of its Faculty, and its pupils, an observance of the standard which has been adopted for the regulation of medical teaching, and the admission of students. True, if such a rule should be adopted, it would exclude most of our medical schools; but it would not exclude the professors who would be delegated by their State and County Societies; neither would it contribute to the promotion of unkind feeling, because, professors in common with others, have agreed upon the standard of medical education, admit its propriety, and have manifested no wish to withdraw, or lessen it, and therefore ought not to claim the privilege of violating it, any more than a *lay member* (if we *must* use the term) should claim the privilege of violating the code of ethics, under certain circumstances, though he should acknowledge his fealty thereto. This it seems to us is unjust, and we submit, if it will not be better to lower the standard to a point that will meet the objectionable system of medical education that is so much complained of, and to improve which, the Association was formed, than to adopt the proposition contained in this report: for if adopted, it will of course be considered as a retrograde movement, though Dr. H. says it "should not be," and the usefulness of the organization be materially impaired.

The minority report is signed by Dr. Yardley. With reference to the question of delegation, *it* assumes, that State and County Societies shall be the only legitimate sources of representation; and that professors should find their way to the Association by the same path that others do. It also adopts the view, that the present system gives a preponderance of influence and power to physicians from the large cities, to the disadvantage of country practitioners; and that by the restriction proposed, not only will county organizations be increased in number, but in influence and usefulness. If it be, as none will deny, that professors add weight and dignity to the Association, and that upon the question of medical teaching particularly, their experience and aid are greatly needed; how much good they would do to the smaller societies in States and Districts, and how they would improve the general tone of medical opinion, and the strength and stability of local organizations, by uniting with them.

The third committee was appointed at Richmond, to report "in definite and proper form such amendments as will embrace the views set forth" in the other two reports, "and such other views as may appear to them advisable." This committee have certainly availed themselves of the latitude derived from the latter clause, in a manner quite unexpected. It was supposed to have been their province to condense and arrange for comparison the opposing views presented in the previously noticed reports, having the liberty of course, to make what suggestions might occur to them. In the exercise of this, they propose to continue the representation from all Medical Societies, chartered or voluntary, in the proportion of ten per cent, restricting the representation from Colleges and Hospitals, to one delegate from each Faculty, and to one from each of the Hospitals "comprising accommodation for not less than one hundred patients."

This proposition strikes directly at the purpose, and intention, of both the other reports. It adds, what they both cut off, and hence, is more objectionable than either. It opens the door at once, for all voluntary Medical Associations, whether Eclectic, Botanic, Homœopathic, or any other, that may take the form of a Medical Society for the purpose of introducing its members to the great fraternity of medicine in our country, and of gaining for them an eagerly sought fellowship therewith. We hope, certainly, it will not pass.

We must not omit to mention another proposed alteration, independent of all the rest. It was offered by Dr. Wilson, of Virginia, who gave notice that it would be called up at the next meeting, as an amendment. It is as follows:

"The Faculty of every chartered Medical College, acknowledging its fealty to the code of ethics, and conforming to the requisitions of this Association on the subject of medical education, as adopted at the session of 1846, and reiterated at the subsequent sessions, shall have the privilege of sending one delegate to represent it in the Association: *Provided*, that the Medical Faculty of the University of Virginia shall be entitled to representation in this Association, in consequence of its peculiar organization, but only so long as its peculiar system of instruction and examination shall continue in force."

At the ensuing meeting to be held in New York, this vexed question will probably be decided. It is important that it should be properly decided. If it has been fairly stated in this hastily written article, and if the statement will contribute to a right judgment in the minds of our delegates, we shall feel abundantly compensated for the little effort it has cost us, and shall rejoice if the voice of New Jersey may be heard, in favor of the State and County representation only.

"JESHURUN WAXED FAT AND KICKED."

In an editorial, in the January number of the Charleston Medical Journal, an appeal is made to publishers of medical Periodicals, strictly to adhere to their published rules concerning payment in advance. It is there more than intimated, that some physicians retaliate on editors and publishers, the treatment they themselves receive from many of their patients, who, after running up a bill with one doctor, get "out" with him and call in another; so these "patrons" of Medical Periodicals, when one publisher becomes importunate for his dues, forthwith stop their journals and subscribe to another! The Charleston Journal *is right*, and we are glad to see this evidence of the prosperity of the work; for no one can afford to be very independent, without material to go upon. By reference to the last page of cover, it will be seen that we have adopted the principle suggested by our cotemporary, and *we* also intend that it shall be like the laws of the Medes and Persians, which *change not*. A reference to past numbers of the Reporter will show that we have for some time been preparing for this step, and every new name added to our list, has brought us nearer to it. We trust this movement will be a general one among publishers, for there is nothing that will do more to add to the dignity and efficiency of our periodical medical literature.

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RANKING'S HALF-YEARLY ABSTRACT.

We have received from the American publishers of this valuable abstract of the progress of Medical Science, the number for January, being a retrospect of the last half of the year 1852.

The work is enlarged and improved, and Dr. Ranking has associated with him in his labors, Dr. C. B. Radcliffe. We are pleased to see that the Editors avail themselves of the labors and observations of American practitioners. We shall probably have occasion to draw from the pages of the work hereafter. In the mean time, we would recommend our readers to supply themselves from the publishers, Lindsay and Blakiston, Philadelphia.—Terms, $2 per annum. *Postage free, when paid for in advance.* *

EDITOR'S TABLE.

Registration of Births, Marriages, and Deaths in Massachusetts, for the year ending Dec. 31, 1851. We are under obligations to the author, Josiah Curtis, M. D., for a copy of this valuable report, which has come too late for extended notice in our present number. We shall endeavor to notice it more in detail hereafter.

New York Journal of Pharmacy. The first number of the second volume of this valuable monthly lies before us. The contents are of a character to interest both the physician and the apothecary. The work is published by authority of the College of Pharmacy, of the city of New York. Edited by Benjamin W. McCready, M. D., assisted by a committee of five apothecaries. Thirty-two pages a month: three dollars a year in advance.

The Dublin Medical Press. We heartily respond *aye* to our transatlantic cotemporary in his desire to exchange, and shall be very glad to receive his weekly visits, and promise ourselves and our readers much pleasure and profit therefrom. We would say to Dr. Jacob, that though we are humble and unpretending in appearance, we nevertheless, represent one of the oldest medical Societies in America, and that our contributors, being mostly country practitioners, are among the most practical physicians and writers on this side the water. Herein we pride ourselves. As in the present number we give a fine portrait of one of our most distinguished physicians, we shall hope, particularly after the commencement of the next volume, to introduce to our foreign readers, the features of many a living American worthy, with whose names they are familiar. The *Press* is a weekly journal of sixteen pages, large 8vo., filled with matter of great interest to the medical man, bearing evidence of much care and labor. Price, per number, sixpence, stamped. Arthur Jacob, M. D., editor and proprietor, Dublin, Ireland.

One of the most important results of the formation of our National Medical Association, has been the investigation by competent individuals, of special subjects, requiring too extended notice to be admitted into the pages of even our largest class of medical periodicals. These monographs are extensively circulated among the members of the profession, both through the voluminous transactions of the Association, and by means of extra copies of special reports struck off for their various authors, for private distribution. We have before us the *Prize Essay* for 1852, "*On variations of pitch in percussion and respiratory sounds, and their application to physical diagnosis.*" By Austin Flint, M. D., of Buffalo, N. Y. To the author of this Essay was awarded a prize of fifty dollars, by a committee of the Association. We have received also, from the author, a report "*On the action of water on lead pipes, and the diseases proceeding from it.*" By Horatio Adams, M. D., of Waltham, Mass. The Transactions of the Association are noticed elsewhere in this number. We may have occasion to refer to these reports again. *

MISCELLANY.

Dr. Marshall Hall, the well known author of several works on physiology and medicine proper, expects to visit this country. He was to leave London on the first of February.

The degree of Doctor of Medicine was conferred on fifteen gentlemen on the 26th of January, by President Woolsey, of Yale College. The Faculty of the medical department of that College has lost the services of Prof. Silliman, Sen'r., who has for forty years discharged the duties of Professor of Chemistry. His resignation was accepted with regret, and complimentary resolutions passed.

The New York State Medical Society met at Albany, on the 1st of Feb., continuing in session *three days*. The principal subjects of discussion seem to have been the treatment of croup, and the use of chloroform. Dr. Burwell had used chloroform in 180 obstetrical cases, all of which, but three, were benefitted by its use. There was no unpleasant result in any case. Dr. Barker, Dr. Shipman, and others, confirmed Dr. Burwell's observations. The operation of tracheotomy in croup, was upheld only in cases where performed in the early stages of the disease. Tracheal croup would, no doubt, be benefitted by such an operation, but could it be of any possible advantage where the bronchial tubes are involved? We think not.

"An exchange paper states that sixty students in the medical department of the University of Louisville, Ky., are to be seen every Sabbath morning in the Sabbath School of the Chestnut St. Presbyterian Church, diligently engaged in the study of the Holy Scriptures, under the instruction of Drs. Yandell and Silliman, two of the University Professors."

To our mind, the above simple announcement speaks volumes in favor of the young gentlemen referred to. We shall fear nothing for the science of medicine when it is in the hands of competent men, of established christian principles. As a rule, it is not they who are "carried about by every wind" of medical doctrine.

It appears by the U. S. Census, that the consumption of spirituous and malt liquors, reaches the enormous quantity of eighty-six millions of gallons annually, equal to six gallons for every adult person!

Congress has appropriated $100,000 for the purpose of erecting a Government Asylum, for the insane in the District of Columbia, and appointed to the superintendence of it, *Dr. Charles H. Nichols*, formerly Dr. Brigham's assistant at Utica, N. Y., and more recently superintendent of Bloomingdale Asylum, near New York.

Dr. A. K. Gardner recently read an interesting and highly useful report before the New York Academy of Medicine, on the *varieties and conditions of the meats used in the city of New York*. The quality of the meat he considers, in the main, unexceptionable, but finds occasion to offer the following resolutions:

Resolved, That in the opinion of the New York Academy of Medicine, humanity requires that the transportation and conveyance of neat-cattle, calves, sheep, and swine, to this city, and from one part of it to another, their proper care and sustenance before being killed, and the prevention of unnecessary cruelty, should be made the subject of penal enactment.

Resolved, That the attention of the proper authorities is particularly called to the more stringent enforcement of the laws respecting the killing of diseased animals, and to the vending of unhealthy and immature meats. *

DEATHS.

Died—In London, Jan. 20, *Jonathan Pereira*, M. D., F. R. S., in the 49th year of his age. In Dr. Pereira, whose work on Materia Medica and Therapeutics is a lasting monument to his genius and assiduity, science is called to mourn the loss of one of her most distinguished votaries.

—— In Cincinnati, Jan. 30, *Prof. Sears C. Walker*, in the 48th year of his age. Prof. Walker was a distinguished mathematician, and was at the time of his death connected with the U. S. Coast Survey.

—— In New Orleans, Dec. 31st, *Dr. William B. Shelden*, formerly of Beverly, Mass.

—— At New Lebanon, Ohio, *Dr. John Thompson*, æt 74.

—— At Darien, Genesee County, N. Y., *Dr. David Long*, æt 91.

—— In Dover, Vt., *Otis Howe*, M. D., æt 22.

—— At Astoria, N. Y., *Dr. Junius Smith*, the first to introduce the growing of tea in America.

—— At Andover, Vt., *Dr. Charles Chandler*, æt 81.

—— At Charleston, S. C., of yellow fever, *Dr. John A. Cleveland*. *

ECLECTIC AND SUMMARY DEPARTMENT.

Wry Neck Cured Without Cutting. By GURDON BUCK, M. D., Surgeon to New York Hospital.—The success obtained in the following cases of Distortion of the Head, commonly known as Wry Neck, induces the undersigned to make them known to the profession, in order that the treatment employed, which it is believed has not hitherto been applied in such cases, may be fully subjected to the test of experience.

Case First. Hester Higgins, a native of Ireland, aged 25 years, unmarried, was admitted into the New York Hospital on the 6th of Nov. 1848, at which time she had suffered from rheumatism already about seven months; all the larger joints of the body having been successively affected. About four months prior to her admission, she suffered a relapse, after having nearly recovered, and since then she has experienced but little alleviation of her ailments. Her neck, as well as most of her larger joints are painful, though not much swollen. Her tongue is slightly furred, her pulse is 85, and soft; her skin moist, and bowels regular.

On the 19th of January following, she had nearly recovered from her rheumatism, under treatment, except rigidity and contraction of the muscles of the right side of the neck, by which the head was drawn downwards and towards the right shoulder. To relieve this distortion, frictions, with stimulating and oleaginous liniments were diligently employed, and, subsequently, sulphuric ether was applied to the neck. Some slight improvement resulted from the use of these means. On the 18th of April, however, the condition of the neck had for some time been stationary, and all hope of further benefit was abandoned. The motions of the head were very much restricted, and any attempt to overcome the resistance of the rigid muscles by stretching them, occasioned severe pain. The rigidity did not appear to reside in the sterno-mastoid muscle, inasmuch as this muscle did not grow hard and stiff when efforts were made to elevate the head; the resistance was evidently seated in the deeper muscular and tendinous parts.

At the request of my colleague, Dr. Swett, of the Medical Division, I saw this patient, and proposed to make cautious attempts to overcome the resistance by force, the patient being first subjected to the influence of sulphuric ether. Considering the resistance to depend on contracted muscular and tendinous fibres, my object was either to stretch or rupture them, and in doing this, no danger was apprehended to the important nerves and blood-vessels of the neck; since the forced movement necessary to accomplish this object, would fall far short of the extensive motions in every direction to which these parts are accustomed naturally to accommodate themselves.

Dr. Swett assenting to my proposal, the patient was laid upon her back in bed, with her head resting high up on a pillow, so as to be easily got at from the head of the bed. Taking the head between my hands, placed one on either side, I cautiously stretched it with a very moderate degree of force, in the direction opposite to that in which it was distorted, that is, upwards and to the left side. Almost immediately every one standing round the bed (of whom there were at least eight or ten pupils and medical men,) was startled by a loud snapping sound of something rupturing, and at the same time I perceived that the head yielded, and could be brought almost to its natural position. It was thought prudent to proceed no further at this operation. The patient on recovering her consciousness was not sensible of any new soreness in the parts, and could bear the head to be moved much easier than before the operation. She was directed to lie as much as possible on her left side. On the following day there was considerable soreness on the right side of the neck. On the 25th of April, one week after the first operation, the soreness of the neck having very much diminished, the operation was repeated a second time.

The proceedings were the same as in the first operation, only the stretching was carried to a much greater extent, and with a much less timid hand. Several times resisting fibres were felt to yield with a rupturing sensation, till, at length, no further resistance was encountered, and the head could be carried to the full extent in every direction. After the effects of the ether had passed off, the head was bandaged down towards the left shoulder. On the 1st of May, the bandage being dispensed with, the head showed no disposition to resume its distorted attitude. On the 10th of May (1849,) the head could maintain, unaided, its erect natural position, though rotation and flexion were still limited in extent, and performed awkwardly; the patient however, was sensible of progressive improvement in these respects. She took her discharge from the Hospital for the purpose of returning to her friends in Ireland. About one year afterwards she was heard from as continuing well, and free from any distortion or rigidity of the neck.

Case Second. In January, 1852, Maria P——, of Guilford, Connecticut, aged 12 years, and of a healthy constitution, came under my care, with the head very much distorted from being drawn down towards the chest, with the face turned to the left side. The motions of the head were also very much restricted. In the month of July preceding, she had been attacked with sore throat and stiff neck, that left her ever since in the condition just described. She had never suffered from rheumatism in any other part of her body, and had generally enjoyed good health. I at once decided to employ the treatment which had been so successful in the preceding case; and on the 15th of January, having first etherised my patient, I performed the first operation. In order to carry the extension of the head to the requisite degree, it became necessary to have her supported in the sitting posture in a chair, and to place myself in front of her. Grasping the head between my hands, I acted on it in the various directions in which resistance was encountered, but felt no sensation of rupturing fibres, in this or in any of the subsequent operations. The resisting parts, however, yielded in some measure, and allowed the head to be brought more nearly into its natural position. No pain was experienced from the operation on recovering her consciousness.

On the 19th, no effect was observable from the first operation; it was therefore repeated a second time, with the aid of ether. On the 24th, 26th and 30th of January, and on the 4th and 7th of February, it was also repeated, each time with the aid of ether. Though a gradual improvement was perceptible from these repeated operations, it became evident that a complete cure could only be achieved by a patient and persevering repetition of them for a long time; it was therefore judged most prudent to continue the operations without the aid of ether. The patient's courage and endurance, though put to a very severe test, proved adequate to the trial. Once every day she submitted with the most admirable fortitude to the stretching process, for about ten minutes each time. This was continued up to the 1st of March, after which it was repeated twice every day. The manner of manipulating was as follows: The patient was seated in a chair, and her body steadied by an assistant standing behind her and holding her shoulders firmly with both hands. Placing myself in front of her, I grasped her head with my hands, in such a way as to perform most efficiently the different movements I wished to execute. These movements were varied in every direction in which resistance was encountered, my object being to stretch to the utmost the contracted muscles, and to maintain them on a stretch for a certain length of time. The process was painful only during its actual performance, and ceased to be so the moment it was discontinued. On the 24th of March, the operations were suspended, while the patient made a visit to her family, and were resumed again on the 8th of April. During this interval, no relapse took place. The same course of treatment was continued till the 10th of May, when she returned to her home, highly gratified at being able to maintain her head by her own efforts, in its natural erect position, and to turn it in different directions almost as well as ever she could. She was advised to continue for a long time, the daily practice of performing the various motions of the head as extensively as possible. On the 13th of January, 1853, I conversed with an aunt of my patient, who had recently visited her, and who reports that she holds her head in a very natural manner, and can move it at pleasure, freely in every direction. In a word, she considers herself quite well again, and without any disposition to relapse.—*N. Y. Med. Times.*

121 *Tenth st. January* 20, 1853.

An Efficacious Expectorant and Sudorific.—A practitioner in Vermont transmits the following recipe, which claims the consideration of physicians at this particular season.

Thinking it the duty of every physician, when he has come across a remedy of *superior* efficacy, to inform the profession of it, I take this opportunity to forward a recipe for your disposal. ℞. Tinct. lobeliæ, f ℥ ss.; tinct. sanguinariæ, f ℥ ij.; ol. menthæ viridis, f ʒ ss.; syrupus empyreumaticus, f ℥ v. (5) M. Give half a tea-spoonful at bed-time, or one in two hours, until it relieves. The above is of magical efficacy; I have known it used for some eight years; have used it much to my own benefit, given it liberally to my patients, and some of my fellow physicians have used it at my suggestion, much to the advantage of their patients. I use it in catarrhal affections, spasmodic croup, pertussis, asthma, &c.; in fact, in all cases where an expectorant and sudorific are indicated. And it always meets my fullest expectations. I also find it very efficacious in subduing mucous inflammations about the *throat* and air passages. I ask of those who have not tried a similar preparation, to try *this;* and I think they will no more use hive-syrup for children. *

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The properties of these articles (lobelia and sanguinaria) being so combined, the relaxing properties of the one with the stimulating of the other, makes them much more efficacious and innocent in all complaints where either the one or the other has been found advantageous, especially for children.—*Boston Med. and Surg. Journal.*

Solvent for Disulphate of Quinia.—Tartaric acid has been recommended as a better solvent for the disulphate of quinine, than diluted sulphuric acid, the agent usually employed for this purpose. One-third of the weight of the quina salt is a sufficient proportion of the tartaric acid to effect complete solution, which is by no means unpleasant to the taste,—a great improvement on the intense bitterness of the ordinary solution of this salt, made with diluted sulphuric acid.—*London Journal Med.*, from *Med. Times.*

New Mode of Administering Iodine.—M. Hannon says, that by placing five to twenty grains of iodine in a fold of cotton wadding, and sewing it in a piece of linen, and applying it to the part affected, the iodine acts very rapidly. It must be covered with oiled silk or gutta percha, to prevent it from turning the clothes blue.—*London Journal Med.* from *L' Union Méd.*

Hemorrhage from the Extraction of Teeth. By WILLIAM R. WEBSTER. I see an article of some length in the July No., page 354, Dental News Letter, from A. Berry, D. D. S., referring to Fox, B. B. Brown, Bell, and others, on the best plan of stopping hemorrhage from the extraction of teeth by pressure, which is all right. But permit me to call the attention of ours as well as the medical profession, (as I have never yet found it suggested in any of the popular journals of the day,) to the use of sulph. magnesia in sufficient quantity to operate mildly on the bowels, say 1 ℥. As singular as it may at first appear, it is nevertheless a remedy that has never yet failed in my hands, and one that I universally use in all cases of an endemic or hemorrhagic diathesis, as well from the extraction of teeth as from any other cause, for which it will be found a sufficient styptic, without the use of pressure, as recommended, in from fifteen minutes to half an hour. I believe if it had been used in the case referred to by Henry Whitworth, M.D,, as reported on page 400 of the July No. of the Dental News Letter, taken from the London Lancet, it might have proved sufficient. This is why I feel it my duty to make it public, and request for it a trial.—*Dental News Letter.*

Richmond, Ia., 11 *Mo.* 8*th* 1852.

Pills of Iodide of Iron. By JOHN LOINES. The intensely styptic taste of the solution of iodide of iron, as well as the unpleasant stain it imparts to the teeth and lips, is often felt to be a serious inconvenience in the use of this valuable remedy, and has given rise to considerable inquiry by the medical practitioner for some more palatable mode of administering the iodide. Such, however, is the nature of this compound, that it is scarcely to be expected that any form of preparation will supersede the salt with gum or the combination of saccharine matter in various proportions. Meantime it has been proposed, in order to conceal the taste of the officinal solution, to enclose it in capsules, or, by the addition of suitable substances, to make it a mass capable of being formed into pills. It has even been thought advisable to evaporate the solution till it should acquire a suitable consistence for this purpose. To the capsules the expense will probably be urged as an objection by some, while their liability to leak, unless made with more than ordinary care, will b϶ found a constant source of complaint. On the other hand, although it is easy enough, by the addition of gum, to make a mass that can be rolled into pills, the bulk of this adjuvant, in connection with that of the sugar already employed, renders the dose inconveniently large. It was in view of these objections that the writer, about a year ago, devised the plan of making a very concentrated syrup of the iodide of iron, which may be readily made into pills, two or three of which contain the ordinary dose of that medicine, and having made use of them in his own case, for a considerable time, with advantage, he would respectfully recommend them to the favorable notice of physicians and pharmaceutists. The formula he employs is the following, viz:

Take of iodine (dry) - - - -	℥j.
fine iron wire, cut in pieces - -	ʒiij.
Sugar, in powder - - - -	℥ij. ʒij.
Water - - - - -	f. ℥iss.

Measure 2½ fluid ounces of water into a three or four ounce phial, and mark upon it the height at which the liquid stands, then pour out the water and introduce the sugar in its stead. Proceed, with the other ingredients, to make the solution of iodide of iron, in the same manner as in the formula of the U. S. P., taking care to use a flask or matruss of the capacity of only 3 or 4 ounces, in order to avoid waste of the materials. The filter employed should also be very small, (from one to two inches in depth) and its apex must be protected by a small cap of muslin, without which, a rent is almost certain to occur; or, a small piece of fine linen or muslin might be substituted for the double filter thus formed. Having filtered the liquid into the sugar, shake the phial containing them, and suspend it in a vessel of hot water until perfect solution takes place. If the product measures less than 2½ fluid ounces, add simple syrup to make up the deficiency.

This concentrated syrup is four times the strength of the officinal solution, and should contain, by calculation, twenty-nine grains of the dry oxide in every fluid drachm. As some loss is, however, unavoidable, the proportion is actually rather less.

To prepare the pills, two fluid drachms of the concentrated syrup are to be triturated in a mortar, with 3 drachms of powdered gum arabic, and the mixture set aside for several hours, during which time it acquires the consistence of very stiff paste, but needs the addition of a little more gum, which should be worked in the hand, to make it into pills. When brought to the proper consistence, it is to be divided into 60 pills, each of which may be assumed to contain the equivalent of 8 minims of the officinal solution of iodide of iron. They do not become hard by keeping; some have been kept a year, and then beaten anew, into a mass, and made again into pills. Neither does any perceptible alteration appear in their color, taste or smell.—*N. Y. Journal of Pharmacy.*

New York, 12*mo.* 21, 1852.

On the Hereditariness of Phthisis. By DR. HERVIEUX. Dr. Hervieux's object is to contribute some facts towards the solution of the question, as to the *mode* in which tubercles are propagated from parent to child, and at what period these become developed. He quotes the results of 711 autopsies made at the Hospital des Enfans Trouvées. Of this number, about 400 were less, and 300 more than 15 days old. Of the 711, tubercles were only found in 32; a fact sufficiently remarkable for those who know the frequency with which tubercles occur in young children. But it is to be observed, that these 32 cases are not equally distributed among the 711 children; and the chief value of the present communication lies in its insisting upon this distinction. Thus, among the 400 children who had not passed their 15th day, tubercles were only found in 2; one 11, the other 13 days old. In the other 300 children, they were found 30 times—viz: 8 times in children from 15 days to one year; 8 times in from 1 to 2 years; 10 times in from 2 to 3 years; and 4 times in from 3 to 5 years (very few children above 3 years, being, however, received into the infirmary.) Examining the distribution of the cases which occur between 15 days and 1 year, we find none prior to the 4th month; 1 at the 4th, 1 at the 6th, 2 at the 9th, 2 at the 11th, and 2 at the 12th. Thus the rarity of tubercles in infants extends not only to the first fortnight, but the first four months—the parent evidently only transmitting the predisposition to disease. In private practice, it may be expected to be still stronger.—*Med. Chir.*, vol. xi. p. 331.—*from Boston Med. Journal.*

Autopsy of the Hon. Daniel Webster.—[From an article in the American Journal of Medical Sciences, we extract the following description of the post-mortem appearances, &c., by his physician, Dr. John Jeffries.]

The autopsy was made by Dr. J. B. S. Jackson, who furnished the following report:—

Autopsy thirty-two hours after death; present Drs. Jeffries, Porter, J. Mason Warren, Wyman, Parkman and Jackson.

The emaciation was very marked, as shown by the state of the integuments and muscles; the latter being wasted, pale, and flabby.

Abdomen.—The peritoneal cavity contained eleven pints of serum. There were also old and strong adhesions about the spleen, the gall-bladder, the cæcum, and to a small extent between the left extremities of the arch of the colon and the parietes of the abdomen.

The stomach was distended, and contained half a pint of very dark blood, about one half of which was in a state of a soft coagulum; and this was the only appearance that was found of coagulum in any part of the body. The mucous membrane was deeply stained by these contents, generally rather soft, and in the pyloric portion somewhat mamellonated. The intestines were opened throughout, washed, and fully examined with reference to the diarrhæa that had so long existed. Blood was found throughout in very considerable quantity as far as the descending colon, below which there was no trace of it; in the large intestine it was altered as usual in color. Mucous membrane stained by the contents so far as blood extended. In the large intestines were numerous herniæ of the mucous membrane, so common in this situation; from many of these small masses of feces or of mucus could be forced out, and these were the only traces of feces that were found. Otherwise the mucous membrane of the intestines appeared quite healthy; there being nowhere any ulceration to explain the diarrhæa, nor ecchymosis connected with the hemorrhage.

The liver was, throughout, very markedly granulated; dense, and contracted in size; the color externally was greenish or bronzed, but internally of a pale red; showing, as we may not very unfrequently observe, the inappropriateness of the term "cirrhosis," which would generally have been applied to the present case. Weight of the organ, three pounds and one-third, avoirdupois. Bile in the gall-bladder nearly black, and of a tarry consistence.

Spleen small, pale, and shrivelled. Investing membrane to some extent opaque, white, thickened, and condensed; the change being probably due to the old peritoneal affection.

Kidneys and pelvic organs healthy.

Thorax.—Old pleural adhesions over nearly the whole of the right side; none on the left. Lower lobe of the left lung and the two lower lobes of the right much congested, and very dark; a change that undoubtedly occurred towards the close of his life, being simply passive.

Heart flaccid; very little blood in cavities, and this was quite liquid. Slight disease of aortal valves, but organ otherwise healthy. Foramen ovale; a small valvular opening existed. Aorta not ossified, except to a small extent in the abdomen.

Head.—The membranes of the brain were most remarkably diseased. In the cavity of the arachnoid was a layer of fibrine which covered almost entirely, and about equally, the convexity of both hemispheres; it did not extend, however, beneath or between them, nor about the cerebellum. In the recent state, it had a rather dull, yellowish, infiltrated, œdematous appearance; being one-fourth of an inch in thickness over the upper surface, but becoming gradually more thin on the sides, where it terminated in a thin edge. The adhesion to the dura mater was in some parts quite close; but it was generally very readily stripped off, and left the arachnoid with its usual polish. It was more adherent to the subjacent membrane; this last being irregular, and having generally a clouded and slightly opaque appearance, with many milk-white spots, but without any appreciable thickening. The quantity of serous effusion into the membranes was altogether large. The subarachnoid tissue corresponding to the layer of fibrine above described was infiltrated with a straw-colored serum in some places, separating the convolutions from each other; this separation was quite remarkable at the posterior part of the right cerebral hemisphere on its upper surface and near the median line, there being also a slight depression at this part. The dura mater adhered firmly to the calvaria, but was healthy in structure, as were the membranes otherwise; there was, however, a serous infiltration into each plexus choroides; though no more, if not less than usual, into the lateral ventricles. No appearance of recent meningitis; and no effused blood or cysts in or about the false membrane. The brain itself was perfectly healthy; and the arteries at the base very nearly so. Cranium healthy. Over the right frontal region a scar existed, the result of the injury that occurred last May; integuments not otherwise remarkable.

A portion of the fibrine from the arachnoid cavity having been removed for microscopical examination, it was found, some hours afterwards, and when the serum with which it had been infiltrated was absorbed, to have almost the consistence of one of the natural tissues of the body; being strong enough to bear considerable traction; it also appeared then to have somewhat of a laminated structure, and bloodvessels were distinctly seen in it even with the naked eye. Dr. Wyman found it "organized, and, in some places vascular. Under the microscope, the lymph was resolved into minute fibres, like those forming the white fibrous element of areolar tissue, and including in their meshes large numbers of minute granules."

Recapitulating the points of interest in this case, it will be observed that the immediate cause of death was hemorrhage from the stomach and bowels. For this, no source could be found in the lesion of any vessel; it must, therefore, be regarded as a simple exhalation dependent upon a disorganization of this fluid, indicated, moreover, by the almost entire absence of coagulation. The relation of this hemorrhage, to the disease of the liver, will also be noted as coinciding with previous experience; it being well known that, in certain cases where there is an altered action of this organ, there is a tendency to disorganization of the blood, manifesting itself thus in hemorrhage.—*N. Y. Medical Gazette.*

Enlargement of the Uterus.—Dr. C. D. Meigs was desirous of calling the attention of the Fellows to certain affections of the uterus in which an erroneous diagnosis is liable to be made—simple, curable enlargements being mistaken for cases of hypertrophy with change of structure. The uterus, he would premise, is an organ peculiar in respect to this circumstance, that it is naturally designed to undergo considerable and repeated changes in its condition; acquiring a physiological hypertrophization from which, upon the cause inducing this change being withdrawn, it returns rapidly to its normal size. The uterus of the non-gravid female measures about two and a half inches in length, about one and three-quarters in breadth across the *body*, and three-quarters of an inch in thickness; weighing about two ounces. When conception takes place, the uterus sets off on a course of rapid hypertrophic development, becoming at the end of two hundred and eighty days, twelve inches in length, from seven to eight inches in width, and from one and a half to two pounds in weight. After having acquired this size, no sooner is parturition completed, and it is thus emptied of its contents, than it hurries back to its non-gravid condition; the excess of material producing its augmented size being removed by absorption. This is usually effected in from twenty to twenty-eight days. The physiological hypertrophization of the uterus and its subsequent return to its normal non-gravid size may take place in the same individual sixteen, eighteen, or even twenty times.

Now this peculiar physiological law of the uterus renders it especially prone, when subjected to irritation, to undergo a *pathological* hypertrophization; and this condition the physician will be enabled to remove if he can but detect and cure the irritating cause. The hypertrophization may result from retroversion of the uterus, from irritation or ulceration of the cervix, from a rheumatic disease of the organ, or from polypus within its cavity; either of which affections being removed, the enlarged uterus may be expected to return more or less quickly to its normal size. These forms of enlargement of the uterus are not unfrequently mistaken for hypertrophy of the organ accompanied with serious alterations of its structure. Are there any means by which the cases of simple pathological hypertrophy may be distinguished from these latter degenerations? Dr. Meigs remarked, it will almost invariably be found that simple hypertrophy is unattended with any change in the general form of the uterus, whereas in cases of uterine enlargment attended with change of structure, the form of the uterus is always more or less distorted; the distortion being various according as the change of structure and accompanying hypertrophization is chiefly in the cellular tissue, the bloodvessels, the absorbents or the nervous matter of the uterus. Hence, to arrive at a correct diagnosis in cases of enlarged uterus, it is only necessary to ascertain whether the organ preserves its form or not. Dr. M. had been occasionally deceived, he admitted, but very generally he has succeeded, by the test referred to, in arriving at a correct diagnosis. If it is ascertained that the cause of the hypertrophization is under the control of art, then the prognosis is favorable, for if the cause upon which the hypertrophy depends be removed, the uterus will hasten back from its state of hypertrophy to its normal size, as after parturition.—*Transactions of College of Physcians, Philadelphia.*

Adhesion of the Placenta. By J. DOUGLASS, M. D., Chester, S. C. —DR. MAYES, of Sumter, having, in the July number (1852,) of the Journal, related a case which terminated fatally under his care, together with the assistance of Dr. Crane, and having in great candour, and in a manner quite creditable to himself, both as a gentleman and a physician, called upon his more experienced brethren for any suggestions they might make, I feel it a duty to offer the result of my own observations and experience in the management of such cases, and also a few remarks upon his plan of treatment, in the same spirit of frankness which influenced him in his inquiry. I should have responded to a call made in such good faith, in the last issue of the Journal, but supposed that the very able professor to whom the appeal was made, would have given satisfactory answers to an alumnus of an Institution, to the reputation of which he has so largely contributed—a requisition which, I doubt not will soon be complied with. In reference to the treatment of such cases, we find a greater diversity of opinion among authors as to the time to act, than in the mode or manner of procedure. We must, of course, be governed by circumstances. In some instances, when the patient is extremely exhausted, we must, if possible, arrest the hemorrhage for a time, and rally the powers of the system before attempting the extraction. I rely altogether on manipulations. The hand should be introduced with the fingers drawn into a conical form, slowly and cautiously, giving an occasional respite to your efforts, in imitation of the natural process of labor. Great care should be taken that the fingers are introduced between the placenta and uterus, as it frequently happens that the hand is involved in the membranes of the ovum, which will greatly increase the embarrassment of the operation, and the sufferings of the patient. The hand being fairly introduced, we should proceed to detach it slowly with the index finger, while, with the other fingers, the uterus and the placenta should be kept steady. If the palm is kept towards the placenta, there is but little danger, with ordinary care, of injuring the uterus. When the attempt is made, it should be done with a fixed determination to accomplish it. No misgivings should be betrayed in the countenance. The patient should be cheered up with hope, and be permitted to rest occasionally, according to her strength and the violence of the uterine pains. In this way I have succeeded in every case which has fallen under my care in an extensive practice of many years, except some two or three cases of abortion. I will here state, that in cases of abortion, in which the placenta cannot be extracted, I have, in every case, relieved the patient by giving a large cathartic dose of calomel. In such cases as head this communication, I never give ergot, fearing that it might increase the difficulty, by producing irregular contractions of the uterus. I have been repeatedly called in to terminate a labor after the secale cornutum had been administered, in which irregular contractions were present after the delivery of the child, and feel disposed to attribute them to the action of the ergot. Some weeks since, my son, Dr. J. L. Douglass, was called to visit Mrs. E., with her third child. The child was born about an hour before his arrival, and the midwife, in her eagerness to remove the placenta, had ruptured the cord at the placenta. He found her so much alarmed, and sinking under such profuse hemorrhage, as to induce him to send for me, making, in the mean time, all necessary applications to arrest the flooding. In this case I found, in the whole of the right side of the placenta, the most tenacious adhesions I ever encountered. I succeeded, by continuous efforts, to extract it, though not, perhaps, without leaving particles adherent within the cavity of the uterus. On no former occasion had I to use as much force, and continue my exertions for so long a time. I do not hesitate to say, that there is not one half the danger of injuring the womb, if the manipulations are carefully conducted, that some writers lead us to believe. On the day following, I ordered olive oil and spirits of turpentine to be constantly applied to the abdomen, and her bowels to be opened with castor oil, to which was added a teaspoonful of spirits of turpentine. Her convalescence was much more rapid than I could have reasonably expected. About two years ago, I was compelled to have recourse to manipulations with the same lady. The chief difficulty then was her exhausted condition and frequent faintings, as she had almost literally flooded to death. By active stimulation she rallied a little, and I accomplished the extraction by slow and careful movements. I refer to these two instances, merely as representing a large number occurring under my notice, all of which have yielded to careful but determined efforts to tear away the placenta.

So far as regards the treatment of Dr. Mayes after the extraction, I have no comments to make. I have no doubt but it was proper and judicious. If he erred at all in the management of his case, it was in delay. It is possible, had greater efforts been made when the hand was first introduced, the violent symptoms which ensued, might have been averted. As a general rule, it is not prudent to wait longer than two or three hours, unless the low state of the patient forbids; and even where the patient is very much prostrated and feeble, the extraction should be attempted if the pulse is perceptible at the wrist.

I am truly thankful to Dr. Felder for reporting his case, in which he observed the marked and decided effects of kreosote. It may possibly have been an accidental circumstance; but it seems reasonable, *a priori*, to suppose, from the well-known properties of the article, that its application might produce an hæmostatic effect, and also induce contraction of the uterus by irritation. Its checking the hemorrhage may have been owing to the two effects combined, or to the mechanical operation alone.

The profession will be under still greater obligations to Dr. Felder to report his further trials with this remedial agent, and also to state the precise strength of the preparation he uses.—*Charleston Med. Journal.*

On the Treatment of Chilblains. By M. TROUSSEAU.—M. Trousseau washes all parts affected with chilblains, three times a day with the following lotion:—Borax, 50 parts; water 500. Four table-spoonsful are added to a quart of water. He also prescribes, both for the prevention and removal of chilblains, the following lotion, to be used night and morning:—Sal ammoniac, 20 parts; water, 40; proof spirit, 10. When ulceration has occurred, he prescribes one of the following formulæ:—Tannin, 10 parts; water, 500. Or, ext. rhatany, 10 parts, quince mucilage, q. s. This is mixed up as a soft electuary, with which the parts are smeared; and the application is also an excellent one for the cracked lips which occur in the winter.—*L' Union Med. Med. Chir. Rev.*

Bite of a Copperhead—"Trigonocephalus Contortix"—treated with Whiskey.—By N. Harris Morange, M. D., of Abbeville, South Carolina.—On the 21st of June last I was called to see a negro man belonging to Capt. P——, of Abbeville district. Found him partially delirious; skin hot and dry; pulse very much excited, ranging from 100 to 120; left leg and ankle swollen to a great degree. Upon making enquiry into the history of this case, I learned that the patient had been bitten about twelve hours previously by a "trigonocephalus," or, as it is frequently styled in this part of the country, copperhead or highland mockeson. This very poisonous reptile was concealed beneath the step of a *meat-house*, and inflicted a wound upon the inside of the foot, near the ankle joint. I immediately applied a ligature above the seat of affection—prescribed poultices over the wound; and olive oil, ammonia, &c., internally.

22d. The patient is *in statu quo*—no abatement of the swelling, delirious: ordered whiskey, *ad libitum.*

23d. No decided improvement—still anxious, restless, and uneasy; skin hot and dry. Continued the whiskey, combined with capsicum: it was administered until the patient was fully under its influence, without regard to quantity. Left opium to be given if necessary.

24th. Had passed the "crisis." A profuse perspiration was over his entire system; the tumefaction was subsiding; the delirium had ceased; he spoke rationally, and speedily convalesced.

Gibson says—"Of the numerous American serpents, two species only are known to be poisonous—the crotalus or rattlesnake and copperhead." If he includes under the common name of copperhead, both the highland and the water-mockeson, then we concur with him in the assertion. The two latter are of the same family, but not of the same species, which is abundantly manifest by their mode of living.

The same writer says: "These reptiles are more lively, and their venom more active, during very warm weather. Upon the approach of the cold season, they become languid, and then strike reluctantly, and frequently without any ill consequence."

The interesting case which I witnessed whilst a student in the University of New York, furnishes a striking proof of the speedy operation of the poison, even in the dead of winter.

Dr. W., of that city, was bitten on the hand, by a rattlesnake, sent to him by a friend from the State of Alabama. The hand soon began to swell, and in a few hours the whole arm was very much tumefied, presenting a mottled appearance, even to the shoulder and axilla. He had the best medical advice the city afforded, yet, after intense suffering for two or three days, he died.

I have no doubt, that if the *alcoholic treatment* had been instituted in this case, with the application of the ligature above the seat of affection, (which last was timely suggested by some of the Southern students present,) Dr. W. would have recovered.—*Southern Med. and Surg. Jour.*

On the Benefits that may be derived from placing Medical Substances on the Tongue instead of into the Stomach. By MR. WARDROP.— In a practical science like that of Medicine, an insulated fact often forms a connecting link with other facts that had appeared equally unimportant. The Medical observer does well to collect such facts, and it is one not of the least advantage of societies, that they stimulate members of the profession to record observations which might not have been deemed of sufficient importance to be brought before the public in any other channel. With such an impression, I venture, on the present occasion, to call the attention of my fellow-members to a subject which seems to be worthy of their consideration, and which has not hitherto, as far as I know, claimed much attention. There are many circumstances which might be mentioned, in order to show the influence which some medical substances have on the animal economy, when they are placed upon the surface of the tongue, these effects being caused by the absorption of the medicine, and its subsequent admixture with the mass of blood. Such phenomena are quite analogous to the effects produced by mercury or arsenic, whether these pass into the blood by the pulmonary, by the cutaneous, or by the absorbents of the alimentary canal. A gentleman, subject to what are usually called bilious headaches, had, during many years, seldom failed to obtain relief by taking sometimes two, and sometimes only one grain of calomel. He repeatedly found that there was a distinct difference in the length of time which the calomel took to relieve the headache, according as it was taken in the form of a powder put upon the tongue, or of a pill taken into the stomach. Another gentleman, who had for many years suffered from dyspepsia, and who, for some years before I saw him, was in the habit of regulating his bowels by taking a pill composed of a couple of grains of aloes with myrrh, accidentally discovered there was a remarkable difference in the effect of the pill when swallowed, or when allowed to dissolve in the mouth. When taken into the stomach, it always created a good deal of pain in the whole course of the alimentary canal, and the evacuations were irregular, both in number and in quantity; but when the pill was dissolved in the mouth, no other sensible effect was ever produced than one natural evacuation. Further experience convinced me of the difference in the efficacy of medicines placed upon the tongue, or taken into the stomach, and led me to inquire into the cause, and endeavor to explain so important a phenomenon. The structure of the tongue pointed out that it possesses an abundant supply of absorbents. "The spirituous parts," observes the illustrious Haller, "more especially of vegetables, are received either into the papillæ themselves, or into the absorbing villa of the tongue, as appears from the speedy renovation of strength by liquors of this kind, even when they are not taken into the stomach." This structure satisfactorily explains how medicinal bodies, when placed upon the tongue, are absorbed and carried directly, by the absorbent vessels of that organ, into the venous circulation; whereas, when the same substances are taken into the stomach, they are necessarily mixed with the food and juices contained in the alimentary canal, so that a more lengthened period must be required to separate them, and convey them by the absorbents into the thoracic duct, and thence into the venous system. Or they may pass unchanged, as has often been observed, out of the stomach, and in this unaltered state they are evacuated along with the excretions from the alimentary canal. This remarkable effect of medicines when placed upon the tongue, is strikingly illustrated in the administration of calomel, and it will be found that placing a very small quantity of it, say the sixth, or even the twelfth part of a grain, at short intervals, upon the tongue, such as every half hour, the mineral is rapidly absorbed, and ptyalism more quickly produced than by any other mode of employing the calomel. These results of medicines, I may also observe, are well known by the effects which croton-oil produces when applied to the tongue; and it is by no means improbable that the good effects of some medicines, when used in the form of lozenges, may be attributed to their absorption by the vessels of the tongue. All the circumstances regarding the difference and the effects of medicinal bodies, when conveyed to the venous system directly by the vessels of the tongue, or when they reach the blood by the more uncertain and circuitous course by the absorbents of the alimentary canal, appear to be worthy of being noticed, and may, it is not too much to hope, lead to some practical improvement in the mode of administering remedies. How far such differences will be found to result from exhibiting chloroform, the hydrocyanic acid, and the sulphates of quinine, iron, copper and zinc, in the form of lozenges, and the advantages of using these medicines in such a manner, well merits further inquiry.—*London Lancet.*

Hints ön Opthalmia neo-natorum. By A. H. CENAS, M. D.—Purulent opthalmia of new-born infants is by no means an uncommon disease, and is most frequently met with in lying-in-hospitals. It is very serious in its results, and is the cause of more destruction of vision in infants, than any other form of opthalmia. Its origin is rather obscure, and whether it owes its existence to a specific *virus*, or to *atmospheric causes*, is a question still open. For my part, I believe in the influence of both; although the proportion of cases that I have been able to trace to specific vaginal discharges, is comparatively small.

The disease is of rapid formation, and often occurs immediately after birth, but usually, not before two or three days have elapsed. We then see a sudden and violent swelling of the eyelids with much redness, and an oozing of purulent matter from between the eyelids. The whole appearance is alarming, and an unpracticed individual would be persuaded that the eye was lost, and that nothing could be done.

But, in truth, there is no disease of the eye that can be more promptly and perfectly cured, and by the simplest treatment.

Formerly, great discrepancy prevailed in relation to its treatment. Some physicians recommending sedatives, others stimulants, others again depletion in the early stages, and afterwards astringents, purgatives, &c. The frequent failure, however, of these means, suggested the present plan, which is pretty generally adopted, and entirely successful when properly carried out. It consists in the use of strong solutions of chrys. nit. argent, say 15 to 20 grains to an ounce of distilled water, and applied of this strength, at once, so soon as the disease is established. My practice is to have the purulent matter removed from the eyes with tepid water, and then instil a few drops of the solution four or five times daily, until the disease is removed. This is my only remedy, generally speaking, and under its influence I have seen the disease subside rapidly. On the second or third day, the infant is able to open its eyes, and the worst cases yield at the furthest in eight or ten days. When so protracted, however, I am in the habit of associating a constitutional with the local treatment, in the shape of one or two grains of hyd. cum creta, morning and night. The bowels are gently moved by this dose, and the disease rapidly mends.

Attention to cleanliness is essential, keeping the eye balls free from the purulent discharge, by washing the eyelids out with tepid water of flax seed tea, as often as the matter accumulates, is imperative. I have often observed that those mothers or nurses, that were careful in this particular, were most successful in their prompt removal of the disease. Another important precaution consists in the gradual withdrawal of the treatment, a sudden suspension of the solution, although the eyes seem well, may, and often is, followed by a relapse, and in a worse form than before. Some of the worst cases that I have seen, have been made so in this way.

I could cite some dozen of cases of the disease, occurring in my hospital and private practice, within the last five months, and treated in the above manner with uniform good results. But as they were all precisely alike in character and termination, I consider the details superfluous. —*N. O. Medical Register.*

American Medical Association.—The sixth annual meeting of this Association will be held in the city of New York, on Tuesday, May 3, 1853.

The secretaries of all societies and other bodies entitled to representation in the Association, are requested to forward to the undersigned correct lists of their respective delegations as soon as they may be appointed; and it is desired by the committee of arrangements that the appointments be made at as early a period as possible.

The following is an extract from Art. II. of the Constitution: "Each local Society shall have the privilege of sending to the Association one delegate for every ten of its regular members, and one for every additional fraction of more than half this number. The faculty of every regularly constituted Medical College or chartered school of medicine shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate."

EDWARD L. BEADLE,
One of the Secretaries, 42 *Bleecker Street, New York.*

☞ The Medical Press of the United States is respectfully requested to copy the foregoing.

TRANSACTIONS

OF THE

NEW JERSEY MEDICAL SOCIETY.

MINUTES OF THE 87TH ANNUAL MEETING.

The Eighty-seventh Anniversary of the Society, was held at Temperance Hall, in Trenton, January 25, 1853.

The President, Doctor Taylor, in the chair. The following is the roll of members—

OFFICERS.

President, -	O. H. TAYLOR.
First Vice President,	J. PAUL.
Second Vice President,	S. LILLY.
Third Vice President,	A. B. DAYTON.
Corresponding Secretary,	J. PARRISH,
Recording Secretary,	W. PIERSON.
Treasurer, -	J. S. ENGLISH,

Standing Committee.—G. P. REX, J. M. CORNELISON, E. FITHIAN.

Certificates were read and accepted from the following Districts,

Passaic.—G. Terhune.

Hudson.—J. M. Cornelison.

Morris.—H. P. Green, L. Condict, R. W. Stevenson.

Sussex.—A. Linn, F. Moran, F. Smith, and T. Ryerson.

Warren.—S. S. Clark.

Monmouth.—J. Vought, J. T. Woodhull, C. C. Blauvelt, R. W. Cooke.

Burlington.—Z. Read, W. L. Martin, S. W. Butler and F. Gauntt.

Mercer.—J. B. Coleman, J. Woolverton, J. McKelway and Geo. R. Robbins.

Camden.—J. M. Snowden, C. D. Hendry, S. Birdsell, and R. M. Cooper.

Hunterdon.—J. Lessy, J. Blane, W. F. Combs, and W. Johnson.

FELLOWS PRESENT.

Doctors L. Condict, J. W. Craig, W. D. McKissack, Z. Read, and S. H. Pennington.

Doctors Whitehead and Kent appeared as Delegates from Essex, but not having a certificate of delegation, were on motion admitted to seats.

The minutes of the preceding meeting were read and approved.

On motion, *Resolved*, That the President's Address be deferred till 2 o'clock, P. M.: and that an invitation be given to both Houses of the Legislature to be present.

The following Committees were appointed.

On Treasurer's Accounts, Doctors Butler, Rex, and Craig.

On Unfinished Business,—Doctors Pennington, Blauvelt and Cooper.

Nominating Committee.—Doctors Pennington, Terhune, L. Condict, Ryerson, Clark, Craig, Woodhull, Gauntt, Coleman, Cooper, Cornelison and Combs.

The Chairman of the Standing Committee submitted their Annual Report, which was accepted and filed.

The decease of Dr. Paul, one of the Vice Presidents of the Society, was announced by Dr. Coleman: and on motion, *Resolved*, That the Delegates of Mercer District be instructed to present resolutions in reference to the deceased.

The Committee on Unfinished Business, reported the several scientific subjects referred to respective Committees at the last meeting.

The Treasurer submitted a report which was accepted and referred to the Committee on Treasurer's Accounts.

Society adjourned to 2 o'clock, P. M.

On re-assembling, the President addressed the Society on the subject of "Relations of Popular Education with the progress of Empiricism."

The thanks of the Society were ordered, and a copy requested for publication.

On motion, *Resolved*, That the Recording Secretary be instructed to procure blank copies of Diplomas, according to the form in the By-Laws.

Dr. Robbins, in behalf of the Mercer Delegation, submitted the following Resolutions which were adopted: viz—

Resolved, That we have heard with deep regret of the death of our friend and professional brother, the First Vice President of our Society, Dr. James Paul, who has been, during his residence in this State, an active member of our Medical organizations, encouraging us by his learning and experience.

Resolved, That the foregoing Resolution be placed on record in the minutes of the Society; and that a copy of the same be sent with the respectful sympathies of the Society, to the family of the deceased.

The following bills were ordered to be paid.

O. H. Taylor,	$3 82
For use of Hall,	2 00
Scott's Bill for Stationery,	45

The Committee on Treasurer's Accounts reported, that they find the accounts and vouchers correct, and a cash balance in his hands of $359 14, besides Eight shares of Bank Stock of par value of $25 per share. Which report was accepted, and the following resolution submitted by the Committee, adopted: viz—

Resolved, That a distribution of $10 be made to each District Society represented.

The following Resolutions were offered by Dr. Pennington.

Resolved, That a Committee of Arrangements be annually appointed consisting of members of the District Medical Society for the County of Mercer, who shall procure a place for the Annual Meeting of this Society, and give seasonable notice thereof to the Recording Secretary, who shall publish the same in the New Jersey Medical Reporter, and in two newspapers, one circulating in the Eastern and the other in the Western section of the State.

Resolved, That the next Annual Meeting of the Society be held on the day designated by the By-Laws, at 7 o'clock, P. M., at the place selected for that purpose by the Committee of Arrangements.

Resolved, That the rules for the order of business be so amended, as that the first business, shall be the Address of the President.

Resolved, That the Recording Secretary invite the Executive Departments of the State Government, the Hon. the Legislature, such of the Superior Courts as may be in session, and the public generally, to be present at the delivery of the Address of the President.

Resolved, That in order to facilitate the organization of the Society, the Recording Secretary be directed to obtain the credentials, and make out the list of Delegates previous to the time of meeting, and that the District Medical Societies be requested to direct their Secretaries to render all necessary assistance to the Recording Secretary in the discharge of this duty.

The foregoing resolutions were adopted except the third, which, as it involves an alteration of the By-Laws, was referred to the next meeting for action.

Dr. Ryerson submitted the following amendment of the By-Laws, viz:

Resolved, That chapter vii. section 9 of By-Laws be amended by adding the following proviso, viz:—"Provided, that a certificate of the employment of one year in the study of such branches of general science and learning as may have been designated by this Society, according to section 5 of the supplement to the act incorporating the New Jersey Medical Society, passed January 28th, 1830, and a Diploma from any regularly chartered Medical College, whose course of study corresponds with that of the Colleges now recognized by this Society, be deemed a sufficient certificate of study."

On motion, *Resolved*, That the Corresponding Secretary be requested to notify the several Secretaries of the District Societies, relative to the duty of sending up in due time to the Recording Secretary the several certificates of Delegation.

The Fellows present through Dr. L. Condict, recommended Prof. Geo. B. Wood, of the University of Pennsylvania, as an Honorary Member of this Society, whereupon he was unanimously elected.

The following preamble and resolutions were offered by Dr. Butler, in behalf of the Burlington District Medical Society.

Whereas, observation aided by scientific investigation, has demonstrated the fact that certain sanitary laws exist, the infraction of which are inimical to a perfect state of public and individual health, and *whereas*, the present sanitary laws and regulations of this State are inadequate to the purpose of effectually guarding against many of the preventable causes of disease and death; therefore

Resolved, That in the opinion of this Society the sanitary laws of this State need revision.

Resolved, That a Committee of three be appointed to take the subject into consideration, with the view of calling the attention of our Legislature to it at its next session; and report a plan for the purpose at the next meeting of this Society.

Resolved, That it be the duty of said Committee to meet for the purpose of conference, in the months of April, July and October, at such time and place as shall by them be agreed upon.

The resolutions were adopted, and the following appointed the Committee, viz:—Drs. Butler, Pennington, and J. B. Coleman.

The first, second, and fourth Scientific Committees made no report, and were continued.

The third Committee, by Dr. Coleman, submitted a report on the action of mercurial preparations on the living animal tissues.

The thanks of the Society were ordered, and a copy requested for publication. [See p. 231.]

The Committee of Arrangements were also appointed a Committee, in connection with Dr. Hopper, to watch against any attempts to repeal or alter our charter.

On motion, *Resolved,* That an additional sum of $60 be appropriated to the Medical Reporter the present year.

Dr. Alexander N. Dougherty was appointed Essayist.

The Society proceeded to the election of Officers—and the following were elected.

President, -	S. LILLY.
First Vice President,	A. B. DAYTON.
Second Vice President,	C. C. BLAUVELT.
Third Vice President,	A. LINN.
Corresponding Secretary,	J. PARRISH.
Recording Secretary,	W. PIERSON.
Treasurer, -	J. S. ENGLISH.

Standing Committee.—J. M. CORNELISON, S. L. CONDICT, and C. COOK.

CENSORS.

Passaic.—L. Burr, A. W. Rogers, G. Terhune, and F. S. Weller.

Essex.—W. Pierson, G. B. Chetwood, R. Kent, and A. N. Dougherty.

Morris.—J. B. Munn, J. C. Elmer, J. B. Johnes, and N. W. Condict.

Sussex.—F. Moran, J. L. Allen, A. D. Morford, and C. W. Moore.

Somerset.—R. S. Smith, H. H. Vanderveer, S. B. Martin, and W. D. McKissack.

Monmouth.—D. Polhemus, W. A. Newell, J. S. English, and E. Taylor.

Burlington.—B. H. Stratton, D. B. Trimble, J. J. Longstreet, and I. P. Coleman.

Mercer.—J. B. Coleman, G. R. Robbins, J. H. Phillips, and J. Woolverton.

Hunterdon.—J. Blane, G. P. Rex, A. S. Clark, and S. Lilly.

Warren.—R. Byington, L. C. Cook, J. Fitch, and J. D. Dewitt.

Camden.—I. S. Mulford, O. H. Taylor, C. D. Hendry, and A. D. Woodruff.

Gloucester.—J. R. Sickler, J. F. Garrison, J. C. Weatherby, and E. F. Clark.

Salem.—C. Hanna, C. Swing, Q. Gibbon, and T. J. Yarrow.

Cumberland.—W. Elmer, G. Tomlinson, E. C. Bateman, and J. W. Ludlam.

Hudson.—J. M. Cornelison, C. Cook, J. E. Culver, and T. R. Varick.

Delegates to the American Medical Association.—L. Condict, J. M. Cornelison, J. T. Woodhull, J. H. Phillips, D. B. Trimble, and F. Gauntt.

List of Licenses granted by O. H. Taylor, President.

NAME.	COUNTY.	
John Leavitt,	Warren,	Univ. City of New York.
Joseph T. Tenison,	Hunterdon,	" "
Joseph Moore,	Cumberland,	Jefferson Med. Coll.
Reuben Ludlam,	"	Univ. Penn'a.
Myles Synott,	Gloucester,	Jefferson Med. Coll.
William H. Worthington,	Burlington,	Univ. of Penn'a.
William L. Martin,	Chester, Pa.	Jefferson Med. Coll.
John A. Johnston,	Mercer,	Univ. of Penn'a.
Abner Woodward,	"	Jefferson Med. Coll.
Abraham Hopper,	Bergen,	Coll. Phys. and Surg. New York.
James J. Wright,	Burlington,	Jefferson Med. Coll.
Joseph H. Vondy,	Hudson,	Univ. of New York.
George W. Allen,	"	Jefferson Med. Coll.
John Thompson,	"	Univ. New York.
Andrew L. Cadmus,	"	"
John M. Julian,	"	Coll. Phys. and Surgs. N. York.
George T. Blake,	Hunterdon,	Univ. of New York.
B. Fullerton Miles,	Camden,	Jefferson Med. Coll.
Samuel C. Edmonds,	Atlantic,	"
William Wetherill,	Hunterdon,	"
Reynell Coates,	Camden,	Univ. of Penn'a.
Samuel C. Thornton, Jr.,	Burlington,	"
Ezra Mundy Hunt,	Middlesex,	Univ. of New York.
Ephraim Holmes,	Cumberland,	Jefferson Med Coll.
Samuel F. Fisler,	Gloucester,	"
John F. Grandin,	Hunterdon,	Univ. of Penn'a.
George Goodell,	Burlington,	"
Joshua B. Goodnough,	Monmouth,	Univ. of New York.
E. O. Dummer,	Bergen,	Jefferson Med. Coll.
Henry Morrill Stone,	Middlesex,	Univ. New York.
John Morgridge,	Cumberland,	Pennsylvania College.
John Kirby,	Salem,	Univ. Penn'a.

NAME.	COUNTY.	
John H. Janeway,	Middlesex,	Univ. Penn'a.
Jacob Elliott,	Essex,	Univ. New York.
John V. Menah,	Morris,	Univ. of New York.
Stephen Weeks,	Essex,	Univ. Penn'a.
William Bryan,	Burlington,	Penn'a. College.
Jonathan S. Whittier,	Salem,	Jefferson Med. Coll.
William Pierson, Jr.,	Essex,	Univ. New York.

Thirty-nine by Diploma and Certificate.

DIPLOMA BY CERTIFICATE OF THE BOARD OF CENSORS.

William B. Ribble,	Morris,
Ludwig Braun,	Essex,
Michael Moss,	Passaic,
Richard H. Page.	Burlington,
William H. Day,	Hudson,
Alfred S. Pettit,	Monmouth,
Henry Smith,	Hunterdon,
Joseph Cook,	Salem,

Eight by Certificate.

Society adjourned.

W. PIERSON, *Rec. Sec.*

ADDRESS.

Fellows and Members of the Medical Society of N. J.

GENTLEMEN—

By your favorable and perhaps too partial appreciation, it becomes once more my duty to address you officially, at this, our Anniversary assembling; and I trust, where all are so familiarly conversant with the thousand heterogeneous calls upon the time and attention of the medical practitioner, it will not be necessary to deprecate a severe judgment upon the style of my remarks.

"A fellow feeling makes us wondrous kind;" and if the subject matter of my discourse should meet with your approbation: if it should elicit some novel thought, and (which is more important) prompt us to novel actions, tending to increase the dignity of the medical profession, and advance the interests of the public, of which we are the servants, you will undoubtedly overlook mere faults of manner; for polished phrase and rhetorical ornament have seldom been promotive of the stern purposes of duty, or the harsh truths of science.

On a former occasion, I had the honor to offer for your consideration, some speculations on the improvement of medical instruction—a subject which for some years past, has attracted, and still continues to attract an unusual share of attention from the entire profession. I endeavoured to illustrate some of the duties of this Society, and its broad constituency, as a local portion of the associated profession of the whole country, in relation to this vitally important subject; and if these remarks, coupled with those of many co-labourers in the same field, have produced as yet, no practical result; let us hope that all the seeds of reform, scattered broadcast over the land, have not fallen on stony ground, but that the germs still sleep in a fertile soil awaiting only the maturity of time, and the summer sunshine of opportunity, to rise into the leaf, the flower, and the perfected fruit. The plough and the harrow vigorously employed, are essential to the luxuriance of the harvest, but a perpetual agitation of the ground may destroy what it is designed to foster. It is therefore not my intention at present to renew the subject.

There are numerous other questions not less closely interwoven with the public weal, which legitimately claim the attention of a scientific body, founded upon such authority, and destined to fulfil such functions, as the Medical Society of New Jersey.

By our existing charter, modified as it has been recently, so as to relieve us from a portion of our *responsibilities*, by allowing us to recognize the Diplomas of the best Collegiate Schools of the country, without subjecting the holders to additional examination, before admitting them to our fellowship, we are still not only the constituted guardians of the moral and the professional conduct of our fellow members, but also the legal protectors of the public health against the machinations of empirical pretenders, who with better knowledge do not hesitate to pursue a dishonorable trade, by practicing upon the credulity of the unenlightened.

But here again it is not my purpose to tax your patience with a subject upon which I dwelt in a former address, in considerable detail. For our apparent neglect of duty in not prosecuting, according to law, these transgressors upon the rights, the property, and lives of the citizens of New Jersey, we are really less to blame than we at first sight seem to be.

The honorable character of a liberal profession is appreciated only by the educated and enlightened portion of the community. The masses look upon the practice of medicine and the routine of ordinary trade, with equal eye; and the all powerful dollar, the true aim of the merchant, the farmer, and the mechanic, is regarded as almost the chief object of the physician.

The spirit of the Hippocratic oath, which, modified to meet the necessities of modern times, and the existing condition of society, still considered by ourselves, as binding upon every honorable member of our fraternity, is yet unknown to those beyond the pale.

What wonder then, that every effort we may make to repress an evil of such magnitude as the unlicensed tampering with human life, however disinterested that effort may be, is attributed by the ill judging crowd to a sinister and selfish motive—the establishment of a monopoly or trade? But while complaining of such gross injustice—while we lament that the path of duty can only be pursued under the taunts and misconceptions which are of all things most painful to a noble mind, are we sure that the evil is incurable?

No effort has been spared, it is true, to awaken legislative attention to the propriety of protecting the public health, by laws established to restrain the unwarrantable assaults of ignorance; but the result has rarely proved permanently fortunate, and even when momentarily useful, the good has been not unfrequently, more than compensated by a consequent weakening of that respect, with which practitioners of the divine art have ever been honored, perhaps to a greater extent among savage tribes and in benighted communities, than in the most civilized conditions of society.

For this mortifying fact, there must exist some adequate cause. Let us devote a moment to its investigation. The immediate cause of the evil seems obvious enough. We naturally seek it in the imperfection of the laws themselves, or the improper mode in which they have been executed. But the latter clause is included in the former, for the execution is determined by the statute. In the case before us, the execution of the laws against empiricism, is entrusted to ourselves; and we, as has been before observed, have found the attempt impracticable, except at a sacrifice of manly feeling, which even the community has scarcely the right to demand of any class of citizens.

Do we not then trace the impunity of unlicensed empiricism back to the inherent imperfection of the laws? But let us step one pace further in the train of causes. To what shall we attribute the existing imperfection of the laws for the regulation of medical practice? In answer, let me ask, by whom are these enactments made? By bodies of men, representing the mass of the community, from which we, when viewed professionally, stand forth more perfectly isolated than any other class. Our science is recondite, "to the Jews a stumbling block, and to the Greeks foolishness." If a determining majority of legislators were competent to judge a medical question, if they were themselves conversant with the wants of a medical education, and the delicate rules of medical ethics, the moral propriety of which is perceivable only by the initiated, they would then constitute no improper representation of their great constituency.

Even the few legislators selected from our own ranks, have mostly relinquished the profession for another, and hardly compatible one, before a long course of practical acquaintance with one difficulty has rendered them suitable advocates in our defence, and even were they in all respects qualified for the task, their feeble voices would be last in the roar of the great army of those who look upon medicine as a mere trade, and would govern it by mercantile rules alone. Again, in these latter days, the ranks of empiricism outnumber those of the regular practice—they only are represented in the halls of legislation, and often wield their numerical power, far greater than our own. Would we wish it otherwise? I trust that no American would be willing to urge a single argument against those institutions to which we owe all our prosperity as a people, however he may regret the serious evils which are occasionally observable in the operations of the system.

Who would wish to expel the life-giving sun from the firmament, because his mid-summer arrows sometimes carry death in our midst, or because some spots abate the glory of his effulgent radiance. Even if we could succeed in removing this ignorance of our legislators upon subjects apart from the ordinary pursuits of men; even if the wisest of legal restraints upon empiricism could be enacted, and effectually executed at our suggestion, though human life might be for a time more certain, yet in the present state of society, we should ultimately fail in our purpose.

The enlightened masses, ever open to deception by pretenders, whose vaunted claims they are unable to test or deny, would soon be taught to regard us as monopolists and arbitrary rulers; and in a country, in which, happily, the popular voice is law, all such restraints would be removed, or new and incompatible enactments made, to the destruction of all order, so that the evils which we deprecate, would be enhanced instead of being lightened. Let us look across the water. In Pennsylvania, the regular graduate holds no legal privileges, and many empirical sects have acknowledged legal organizations—their institutions being endowed with corporate powers, secured by the same high authority that created the venerable University of that magnificent State. Is the profession, therefore, less respected in the land of Penn, than here in our own Commonwealth? Is it less efficient?

In Delaware, an Association, like our own, exerted for many years, a similar healthful influence within the pale of the profession. At length empiricism invaded the territory of our gallant little sister, and, somewhere about the year 1820, the Medical Society, through one of its fellows, induced the legislature to bestow upon it certain examining powers, and to render its fellowship or its diploma requisite to the legal practice of medicine within the State.

In small communities, changes of system are more easily and rapidly effected than in those of greater numerical strength, and the ultimate results of the grant of exclusive powers, to the regular members of the profession, in a country with democratic institutions, were demonstrated in Delaware more quickly than would have been possible in a larger State. Let us profit by her experience. The complaints and murmurs of the empirical practitioners excluded from legal rights by the grant just mentioned, rose loud and high almost upon the instant. The legislative ear was wearied by their unceasing expostulations, and but two or three years elapsed, before another act was passed, which struck a deadly blow to the dignity of the profession, and in a great degree destroyed the usefulness of the Medical Society, as a guardian of the public health.

The same immunities which were secured to the holders of diplomas from the most distinguished schools of the country, were extended by an express statute to those also who could produce diplomas from a Thomsonian College, and men who had devoted years to the duty of perfecting themselves in the knowledge of the multitude of sciences, which form the foundation of the art of healing, were forced into a species of unwilling fellowship, with the unenlightened pupils of a school founded upon no science at all, with men whose vision is limited to one kingdom of nature alone; who, in their reasonings, if reasonings they can properly be called, repudiate all generalizations, and whose practice is reduced to the rule of purely empirical dicta. A temporary calm, it is true, followed this strange action of the legislature of a truly enlightened State. The Medical Society struggled on, in the midst of the despondency resulting from this broad insult to its dignity, and the complaints against the exclusive privileges of the regular, and one branch of the irregular profession were confined to those stragglers from the great army of empiricism, whose members were yet insufficient to effect an organization under a collegiate head.

But it was not to be expected that quietude could permanently be established, while one division of irregulars were enfranchised to the exclusion of all others. Thomsonian Colleges were succeeded by Homœopathic Colleges, and, at a period a few years later, another law was passed, by which the immunities granted to the devotees of the vegetable system were extended also to the infinitesimalist. Indeed, this second proceeding was the inevitable consequence of its predecessor, for on no principle of justice, could legal advantages, accorded to those who scoff at all science, be refused to those, who at least profess to found their practice upon a theory, though the better instructed may denounce that so called theory, as the unsubstantial shade of an hypothesis.

The final effect of this wise legislation in Delaware, for the regulation of the practice of medicine, is this: The principle has been virtually established, that whenever any body of empirics shall succeed in obtaining corporate rights, as a medical school, through the philosophical ignorance of the law-makers in any State, the diploma of that school shall entitle the holder, to all the advantages conferred upon the regular practitioner, while the latter, in order to claim the most honorable position in his proper fraternity, must incur the expense, and submit to the restrictions consequent upon membership in the Medical Society, or the obtaining of its license—a tax upon learning and an immunity for ignorance.

These evils, gentlemen, have not fallen upon New Jersey, but let us candidly ask ourselves the reason. That like causes produce like effects, is an unalterable law of nature, and in due time, under the existing circumstances of society, this rigid exercise of our legal powers, in the suppression of the practice of ignorant pretenders to skill in our art, would lead in all probability to its legitimation by statute, here, as it did in Delaware. That this result has not already taken place, may be attributed perhaps as justly to our lenity in the exercise of our powers, as to the greater extent of our territory and the population, or to the superior wisdom of our rulers.

It is fair then to conclude, that, if we would operate effectively and according to the spirit and intention of our foundation, in protecting our own respectability, and the health and life of the community against the constantly increasing assaults of empiricism, we must essay some mode of action, other than immediate appeals to legislative bodies, which are unfitted to judge wisely of the necessity of the case, and on which the popular constituency is still less enlightened. Does it not appear reasonable then, that if we wish ultimately to correct the errors of medical legislation which cause such just complaint—if we wish finally to establish our professional rights, and elevate our craft to its proper position, as one of the most important classes of the community; we must begin by removing that unfortunate blindness of the masses, on all subjects relating to disease and Hygiene, which is the true source of these errors, and the general want of just appreciation under which we labor?

But how, it will be inquired, can this darkness be removed? At first sight, the difficulty of the question really appears insurmountable, but may not some of these difficulties originate in errors of our own? 'Tis true, we cannot indoctrinate the masses safely with correct medical theories. We cannot venture to argue before such an audience, the propriety of various plans of treatment of disease, and the relative merits of conflicting opinions in our science, from the fact that even our very language would be as unintelligible to our hearers, as the technicalities of a sailor to the landsman, whose footsteps never trod the deck of a vessel. There exists no pursuit to which the precept of an eminent poet, "A little learning is a dangerous thing," is more applicable than to the practical department of our noble calling; and it would be folly to advise the general public "to drink deep or taste not" here, for so numerous are the ramifications—so vast is the extent and complication of our art, that the exclusive devotion of our time, and the occupancy of many years in study and close observation, are necessary to fit the novice for an entrance, even into the vestibule of the temple of Esculapius. But modern experience manifestly evinces, that the popular teaching of the first principles of the science of life is not only practicable, but highly useful. In many academies, and even primary schools, the outlines of physiology are now considered a necessary portion of the regular course of elementary instruction, and the application of sound physiological principles to the art of preserving health, and the development of mental powers has been the subject of numerous addresses to mixed audiences. These efforts have proved no less beneficial to the public, than conducive to the fame and the fortune of the pioneers in this department of instruction.

Drawing without stint upon the inexhaustible mines of nature, for the richest and most interesting illustrations upon the vegetable world, in its boundless variety of forms, from the lichen or scarcely visible conferva, to the cloud-piercing Californian pine, or the thousand trunked Indian Banian—upon the animal creation, from the jelly-like polype, with all its functions, equally diffused throughout its simple cellular body, to man, in all the fearful and mysterious complexity of his organization—the elements of physiology, when properly treated by a master-hand, possess the power of enhancing the popular attention of both youth and age, the lettered and unlettered, in a greater degree than those of any other science.

May not we find then, in the more general circulation of a knowledge of the first principles of life, a more available barrier against the progress of empiricism, than even the majesty of the law has yet been able to erect? May we not by enlightening the masses, the *constituency* of our political representation, pave the way for the election of legislators, who may wisely enact laws for the preservation of the public health? May we not become the creators of an enlightened public opinion, which will support such laws above the contamination of ignorance and the assaults of unprincipled acquisitiveness? Or, failing in thus correcting the inherent imperfections of Medical and Hygienic laws, may we not at least fall back upon this newly enlightened public opinion, for protection against the evils of which we so justly complain?

By being made familiar with the extreme variety and delicacy of the machinery of life, and with the curious interlinkings of the numerous functions required for the accomplishment of what seems to the uninstructed, the simplest operations of vitality in health, the now uninformed public, would be taught duly to appreciate the grasp of mind, the profundity of study; and the keenness of tact, that are requisite to fit the medical philosopher to solve the simplest problems even in the theory of health. Would that public then consent to entrust the ignorant or half informed, with the power to tamper with the springs and wheels of God's master machine, the *human frame*, in the vastly more complex conditions resulting from disease, with its ten thousand aberrating sympathies? What man, the owner of a Cotton Mill or a watch, finding an error in the apparatus, threatening his mere personal interest, would appeal to the shoemaker or the merchant for its repair or regulation? What man, in doubt as to his eternal welfare, and confused by conflicting theological opinions, would fly to the practitioner at the bar, in order to unravel his doubt of conscience?

It cannot be supposed then, that a public properly enlightened on the subject of the laws of life, would continue to put confidence in men divested of preliminary education, drawn from the humbler walks of life, from the stable or work-shop, and after fifteen months or perhaps two years of partial study under one sided teachers, sent forth with a legal but ridiculous diploma, to practice on the lives and hearts of parents, children, husbands, and wives, on all the individual interests and domestic ties, which alone render life desirable in this sublunary scene of physical suffering.

Let us suppose some individual of inquiring mind, but unprofessional occupation, to have availed himself of an offered opportunity of attending a really philosophical course of popular lectures, upon the principles of physiology and hygiene, when the knife of the lecturer, acting perhaps on the body of some brute animal, in condescension to the natural aversion from human dissection, has laid bare before him, in one broad view, the almost infinite complexity of bones, muscles, nerves, vessels, viscera and tissues, and reacting to a common purpose in the most ordinary operations of daily life. When this inquirer finds that all his efforts, short of years of exertion, would fail to fix upon his memory the details involved in the performance of any general function; would he dare to trust the simplest external injury of any gravity, to the management of the natural bone-setter who becomes a surgeon by intuition? When taught that the severest pain in the head may result from a concealed irritation of the stomach—that the most dangerous fever may be merely a symptom of a pin-scratch on the toe, too slight to attract the attention of the patient, will he repose confidence in an arrogant sect who prescribe only for symptoms, and advocate the doctrine "similia similibus curantur." Even to suppose the possibility of such results, is to deny the impress of rationality, stamped by his Maker upon man.

I have always entertained the opinion, that it was possible for practitioners of our profession, by the natural effects of the habit of looking at the "res angusta domi," to become near sighted, as the over attentive school-boy does, when he robs himself of his natural rest, and devotes himself unceasingly to his wearying pages, in order to win the honor of some far distant prize. The "otium cum dignitate" of a professional old age, is the wisest as well as the most rational object of every one who wastes the energies of early and middle life, in the self-sacrificing and exhausting duties of our calling, and it behooves us to be careful in struggling too constantly, though with honorable feelings after this most desirable result, that we should not permit ourselves to overlook those opportunities of usefulness, which occur on either hand, though they may be at some little distance from our immediate path.

The members of a truly liberal profession should never for a moment forget, that to communicate knowledge, is to repay the

Gods. Who is there among us, that does not acknowledge the sentiment of Seneca?

> "Si cum hac exceptione detur
> Sapientia, ut reclusam teneam,
> Nec enunciam rejiciam."

"If wisdom were given me, upon the condition that I should keep it to myself, and not proclaim it, I would reject it."

There is nothing in the nature of the subject, that renders the study of physiology unfit for a wise system of popular instruction. There is no danger that a little knowledge of this kind, would engender that rashness, which too commonly leads the half educated student of pathological hypothesis and therapeutical dogmas, to tamper with disease in his own case, upon the principle, that every man best understands his own constitution, or to thrust himself before the public, as a practitioner of the healing art, armed with a diploma from some institution miscalled scientific, whose professors, wise in their own experience, reject the experience of ages. The influence of the diffusion of physiological knowledge would be precisely the reverse of this, and it may well be doubted whether among the causes of the growth of empiricism in a country where all men read—where every cottage has its book shelves, there is one cause more prolific than the neglect of the science of healthful, living actions, even in the schools devoted to pathology.

The learned and far-seeing Dr. Benjamin Rush—one of the "fathers of American Medicine," was thoroughly imbued with the importance of the principles and policy which have just been indicated, and, carrying his views perhaps a little too far, most strenuously advocated the diffusion of a portion of practical medical knowledge, as well as hygienic theory among the people. He did so on the avowed principle, that such a course would be the most successful means of retarding the march of Quackery, which, if alarming in his day, is vastly more so now. His opinions on this subject, may be detected in his introductory lectures, which were addressed not exclusively to the medical class, but to mixed audiences, invited to be present at their public presentation, and we are informed that many of these lectures, were read in private circles for criticism, comment, and suggested commendation, even before their delivery in the University. Many of those who enjoyed the happiness of a personal acquaintance with this truly great man, and who still remain among the living, retain a vivid recollection of his general advocacy of this policy, and his condescending efforts, safely to break *down* all unnecessary barriers between the medical profession and the great mass of society. It may be well questioned, whether the profession has not retrograded in opinion on this subject, since his death.

In the beautiful code of medical ethics, derived from the essay of the celebrated Dr. Percival, and modified to meet the requirements of this age and country, by the American Medical Association, (a code by the spirit of which, all regular and honorable practitioners acknowledge themselves morally and solemnly bound,)—we find most wisely condemned the sinister arts of those, who employ secresy, the advertisements of special pretension, or the preservation of patent or mercantile rights, in any thing relating to medical or surgical practice. We find also the courtesies due from one Physician to another, correctly established, and not only the duties which the profession owes to the public, but those which the public owes to the profession, stated and made the subject of comment; but we do not find any suggestions of the propriety of diffusing among the people, the knowledge that would render such sinister arts ineffectual, and such selfishness opprobrious with the masses. Of what avail is it, that we should address to ourselves grave commentaries on the respect and consideration, that the uninitiated owe to the practitioner of a liberal and dignified art? If we would influence the conduct of others towards us, surely, we should direct our reasonings to them, rather than to our brethren, to whom such disquisitions can bring no added light.

It is with all becoming modesty, that I venture these, perhaps, unpopular suggestions, but it does appear to me, that by drawing too distinctly the necessary lines which separate us as a body, from the great circle of our fellow citizens, we may lay ourselves open to misconstructions, and promote the evils of which we complain. And yet it must be confessed, that there is little use in dwelling upon mere generalities, in relation to this subject.

This discourse would be unworthy of your acceptance, and the time which it has occupied sadly misspent, were I not to attempt, at least, to give a somewhat utilitarian direction to the suggestions which have been thrown out. This then, I shall endeavor in a few words to do.

The wide diffusion of scientific and literary information throughout New England is proverbial, and (let me not be considered as making the remark invidiously), while that portion of the Union has contributed her full quota to the ranks of quackery in other States, her people thus enlightened, are less easily duped by ignorant pretenders at home.

This happy immunity, she owes, before all other things, to her admirable system of Lyceums. There is no city—there is scarcely a village in her broad domain, that cannot boast an institution of this character, in which throughout the long winter evenings, a series of weekly lectures is delivered.

These lectures are attended, not only by the male population of adult age and refined education, but by females and children, apprentices and factory girls. Side by side with wealth and fashion, sit the humble operative and modest domestic; acquiring by imitation and observation, habits of order and amenity of manners, while drinking in rich draughts of knowledge, be it from the more sparkling streams of polite literature, or the deeper currents of science, as they pour forth from the minds of some of the most talented thinkers of the age.

Till recently it is true, that History, Poetry and the Drama, have enjoyed too large a share of attention from the peripatetic teachers of the north, while the physical philosophy of life, has been too much slighted by the more learned lecturers of the day, and has been entrusted in many instances to incompetent hands, probably in consequence of this very disposition of which I venture to complain, the desire to retain all knowledge of the sciences collateral with medicine within the pale of the profession. Fortunately, however, this evil is now on the wane in New England.

The enthusiasm attendant upon the advent of M. Agassiz the accomplished Swiss naturalist, who was recently connected with Harvard University, has rendered popular, far deeper researches into the arcana of nature, and now some of the most distinguished scholars of the day, are occasionally engaged in diffusing a knowledge of the laws of the animal economy, through the medium of Lyceum Lectures.

If then, under such unfavorable circumstances, this mode of furnishing proper mental aliment to the youth of the Northern States, was found effective, not only in restraining the vices resulting from the absence of rational amusement, at an age when mental inactivity is utterly impossible, but also in limiting the domain of empiricism, by the enlightenment of its victims—much more may we anticipate from the novel impetus given to the study of nature, during the last few years.

And why should these advantages of the Lyceum system be confined to the New England States? Is New Jersey too poor to imitate their laudable example? It is true, that a few of our larger towns may boast of institutions similar in name and perhaps somewhat analogous in purpose; but even in these, there is a radical defect of system, destructive of their usefulness.

The funds of the midland or Southern Lyceums are devoted exclusively to the maintenance of a library, a hall, and perhaps a cabinet of curiosities. Not a dollar of the income, is usually devoted to the remuneration of that talent which is selected for the purposes of public instruction within its walls. The honor of addressing a few hundred individuals, is the bribe held out to induce some men of intellectual distinction, to travel perhaps at their own expense, it may be, from some far distant city, to lecture at a small provincial town.

But let us suppose that public spirit and disinterested desire for usefulness should sometimes lead able men to make the necessary sacrifice, and devote a portion of their leisure to the enlightenment of their benighted fellow citizens, in this manner. It should be remembered that men of science are proverbially poor—the very nature of their studies compelling them to be so. Is it then to be supposed that such will sacrifice sufficient time and gratuitously meet the expense of necessary illustrations, for a course sufficiently extensive to develope the elements of any branch of human learning, in a practical and useful manner?

Our Lyceum courses are composed of a series of disconnected lectures on the most heterogeneous subjects, from which little practical and no scientific knowledge can be acquired. The History of Greece—the Philosophy of Life,—the Nature of Things—the Value of Education,—and a thousand other generalities, each wide enough to require for its proper elucidation a month of time, are seized upon as subjects for discourses of an hour, and the orator, cut off from the possibility of teaching, must content himself with a mere personal display of elocution to the amusement of an audience, that quits the Hall, with perhaps a lively impression of the grace or awkwardness of the speaker—but a most dream-like and misty conception of his theme. Our eastern neighbors are wiser—with them a portion of the income of Lyceums is invariably appropriated to the payment of a consideration to the lecturer—which he must receive, before he is permitted to leave the apartment. No matter how humble the offering be, (and it varies in different towns from five to twenty, and even thirty dollars) it is not material how wealthy the recipient, it cannot be declined without offence. A refusal is met by one or two retorts, either the objector is politely reminded that he has no legitimate right, to force upon the public an obligation, under which that public does not wish to rest, or he is told, and sometimes with much feeling, that the accident of fortune does not warrant the wealthy, in bringing a blush to the cheeks of talent perhaps quite as useful, though less happily endowed with means, by giving to the payment of a just debt, the air of gratuity.

Two noble results follow from this custom in New England on the principal that whatever is paid for is prized. Her audiences are vastly more attentive, than those which are addressed gratuitously; and on the principle that labor duly compensated, is usually well done, the quality of the discourses and their practical usefulness is astonishingly enhanced. Subjects that require time for their proper elucidation, are much more fully discussed, and connected courses embracing many lectures by the same individual, before popular and village audiences, are of common occurrence.

Small as is the compensation given for each course, its consentaneous delivery, in each of four or five adjacent towns, renders the total remuneration sufficient to the end in view, and many admirable scholars, in the eastern States habitually realize a competency, mainly by the most useful process of peripatetic teaching.

The formation of a similar system for our State, is surely not beneath the contemplation of this Society, and would prove in its hands and under its patronage, not only a powerful lever for the moral advancement of the community, but, if rightly directed to the spreading of a knowledge of physiological truth, a most efficient means of curtailing the practice of empiricism, and elevating the popular estimate of the dignity of the profession.

By railroads and other facilities of recent date, most of our smaller towns and villages are drawn into close communication in point of time and easy transport. Most of them are provided with Halls for the use of societies, and fixtures adapted to the business of lecturing, available for public purposes at a very reasonable rate, so that, there is no town of a thousand inhabitants that could not conveniently afford such a subscription, as would yield five or even ten dollars for each, of twelve lectures, which would constitute a weekly course during three months, when business is at a stand and the public are anxious for mental improvement.

Let the people of any neighborhood be once convinced, that knowledge of real and practical utility could thus be economically obtained, in place of the display and idle verbiage too frequently offered them, under the present system, and their willingness to move in the matter, would undoubtedly be found fully equal to their obvious ability.

And, members of the Medical Society, shall we not—are we not in duty bound to be up and doing in this really important work? Each of us, in his proper sphere, possesses an influence sufficient for the initiative step. Within our own pale, there is adequate energy and talent to carry it out to a happy and most useful issue. Let us devote some thought to the question, and, after examining the premises, resolve to act. Assuredly if we succeed, we shall win from a grateful public the acknowledgment of important services, and even in case of failure, we shall be cheered with the consciousness of having deserved its thanks.

But there is yet another and a parallel mode, in which this Society may promote its own just reputation, and advance, to an incalculable extent, the diffusion of knowledge, while struggling for the suppression of empiricism and its consequent evils. Our vision need not be restricted to the present generation. Corporations are not limited like individuals, to a life of three score and ten. They endure through after ages and may legitimately look to the interests of our yet unborn successors. If, by the regulation of Lyceums we can remove in some degree the errors of ignorance among the people of the present day, through the influence of the common school, we may act upon the people of to-morrow. By arming our youth with a rational knowledge of the philosophy of life, we purify the very foundations of intelligence and precipitate those adulterations, on which the destructive animalculæ of empiricism depend for their support.

Physiological studies have gradually been forced to a certain extent, into the school systems of other States, but no where, so far as I am informed, has the medical profession as a body, exerted its legitimate influence, in the regulation of popular instruction. If it be right to employ our aid and powers in favor of Lyceums, it cannot be less so, to attempt a reform in this direction also.

Now, New Jersey stands unenviably distinguished among her sisters, by the total absence of well regulated public schools, under the direction of her Legislature. The small fund which she annually appropriates in aid of the voluntary taxation of the local districts for the purposes of education, bears no proportion either to the wealth or population of the State, when compared with those by which she is surrounded. The isolated and ill-regulated efforts of her citizens in this direction are divested of all unity and approach to system.

How small an exertion on the part of this Society, during the last session of her Assembly, would have removed the blot from her escutcheon, and would have supplied the means, at least, if not the wisdom of arrangement necessary to effect a thorough reformation. A proposition to appropriate to the School Fund of the State, the income tax on roads (a fund amounting now to nearly one hundred and thirty thousand dollars, and constantly increasing), is said to have been lost in the Senate by a single vote. Cannot a Medical Society, in which so much State pride is felt, determine a *single vote* among the conscript fathers? One effort—one little struggle—and the victory would be won.

But it is not sufficient that we should advocate the appropriation of adequate means. We should also take an interest in the law by which the application of these means may be determined. To be effective, the School System must be rendered uniform in principle throughout our territory, without attempting to make a railroad of the human mind, and to bind every child in the commonwealth to one routine of study, and one set of class books after the Austrian mode; each should be thoroughly instructed in the elements of those practical sciences, which have direct relation to the duties of American citizen, whether economical, political, social, or moral, while the refinements of classical and polite knowledge, so ameliorating and humanizing in their influence, should not be neglected. They should be subordinate to the more immediate claims of pure utility, instead of being made to appear, as they usually are, the end and purpose, rather than the ornament of a genuine education. Among the truly useful sciences, none are more appropriate—none are more indispensable in a wise system of public instruction, than physiology and the kindred subjects of Hygiene. It is our duty to see that their claims are duly recognized and effectually defended.

But no such uniform system is practicable unless the machinery be under the direction of some competent individual head. It cannot be established by the disconnected efforts of scattered townships, but should be regulated by a general law, and placed under the jurisdiction of an able Secretary of Instruction, whose arduous duties should receive a reasonable compensation.

And now, having fulfilled the task allotted, in a manner which at first glance, may not appear so technical and exclusively professional, as the occasion might seem to require; allow me in self defence, to remind our fellow citizens, who, as invited guests, may have honored this somewhat dull address with a patient hearing, that this Society, being a creature of the law, with legal purposes, has other duties to perform than those which relate directly to the science upon which rests the art of healing. Its obligations to the community extend, to collateral as well as immediate measures, that are connected with the preservation of the public health, and it would be severely censurable were it to rest satisfied with a near-sighted view of its responsibilities; confining its attention exclusively to those affairs which immediately affect the purse of the individual honor of its members.

The soldier on the field of battle—the clergymen in the pulpit—the lawyer at the bar, does not lose the character of the private citizen, in assuming a position that isolated him from the mass as a constituent of a peculiar class; and why should the medical practitioner be more widely removed from the broad fellowship of his kind? On questions of constitutional importance—the bar, as a body proper exerts a permanent influence. Wisely the clergy of all denominations participate in every public measure designed for the purification of the morals of society; urging by the combined force of their character and energy, the measures which they deem most essential to the well-being of the human soul, even in the forum and before the conscript fathers.

Why then should not the corporate faculty of our peculiar art be felt in legislative halls, when questions arise that affect the very organization of the human frame, the structure and functional power of that mysterious engine, by which the soul of man is brought into relation with external things? While the law deals with the purse, the capital of the vast workshop of Society, and regulates the application of its labour, while religion prescribes the moral duties of the swarming operatives, and gently bends the multiform results to the honor and the dignity of the divine architect owner—to medicine belongs the task of keeping the machine in order, and of directing the repairs, without which all would be confusion, crash and terrible explosions.

"Mens sana in corpore sano," is an adage as ancient as it is true, and as the want of proper mental culture, whether in early childhood, when the brain is forming, or in adult age, when time is wearing its wheels, must weaken or destroy the regular movements of the most complex apparatus; to us belongs the paramount necessity of the guardianship of that education, which forms the human mind. Without our aid—without a diffusion of the knowledge of the physiological laws of life, the lever by which religion carries out the great ends of existence, cannot fulfil the proper functions, nor all the wisdom of the law prevent the overthrow of order among the teeming millions of ill-directed agents.

And now in conclusion, let me deprecate all possible censure from those, who perchance may be present, and whose duty it is to make laws for our highly favored State. We thank them for their patient and long enduring courtesy, in listening to a discourse, which in its very nature precludes all eloquence. One in which oratorical ornament would have been impertinent, as calling off attention from the practical and serious bearing of the subject.

It has been no part of our design to encroach, in the least degree upon their proper province, but as a citizen of that free and happy country, in which the humblest voter is a portion of the sovereignty, I have but endeavored to direct the attention of a somewhat exclusive class, to the objects of duty and circles of legitimate exertion in a wider and more general interest.

And to you, gentlemen of the New Jersey Medical Society, let me apologise for any disappointment you may feel, in the selection on this occasion of a subject, so foreign from the usual routine of our annual addresses.

If from the suggestions now thrown out, you should be induced first to reflect and then to act upon the great questions thus crudely stated, I am convinced, that even the more immediate results would cheer you with the consciousness of having acted well. You will have stricken a *blow* at the *root* of empiricism, instead of idly lopping off the topmost branches of a tree, that bourgeons faster than we with all our axes, are able to curtail it. And in this honorable struggle you will no longer meet the opprobrium, or the suspicion of interested motives, that has ever followed our previous attempts. Here, the community goes with you, not against you, and all now present, be they guests or members, with thousands beyond this hall, moved by our influence—thousands in future years, will bless the day, when the embodied medical profession of New Jersey, stepping forth from its beaten path, shall erect the banner of popular education, and without transcending its legitimate powers, shall awaken to the full perception of the beauty of that noble saying of Terence—

> "Homo sum, et humani, nihil a me alienum puto."

REPORT OF STANDING COMMITTEE.

In Chapter II, Section 7 of the By-Laws of the State Medical Society, it is made the duty of the Standing Committee, "at every anniversary meeting to report the general state of health of the citizens of New Jersey, during the preceding year, the causes, nature, and cure of epidemics (if any have prevailed,) in any part of the State, curious medical facts, discoveries, and remarkable cases that may have come to their knowledge." "And that these several objects may be promoted, it shall be the duty of each of the several District Medical Societies, at its annual meeting, to appoint one of the members as a reporter, who shall be required to furnish the Standing Committee, on or before the first day of January of every year, with all the information which may present relative to these subjects, within the bounds of the District Society to which he belongs." There are fourteen District Societies in the State of New Jersey, from none of which have any reports been received. Your committee therefore infer, that the citizens of our State have enjoyed an unusual degree of their wonted health, during the past year. Our immediate predecessors received reports from seven Counties, which formed the basis of their Report. It was the intention of your present Committee to have pursued the same course, and they have waited in expectation of receiving the county reports, until it was too late to offer any extended observations of their own. They have no knowledge of any epidemics that may have existed in our State, neither have any curious medical facts, discoveries, or remarkable cures, come to their knowledge, nor have any irregularities, neglect or contempt of the rules and regulations of the Medical Society been reported to them, consequently their Report must be entirely barren of the objects of their appointment.

Your Committee are of the opinion that the plan of appointing district reporters to report to the Standing Committee, has not answered the expectations of those who suggested it, from the fact of the carelessness or remissness of duty, that exists in regard to it. The District Societies have either neglected to appoint their reporter, or the reporters have failed in the discharge of their duty.

Your Committee would suggest the following alteration. Let each reporter when appointed be ex-officio a member of the Medical Society of New Jersey, let it be expected of him that he will faithfully report everything relative to the objects of his appointment within his county, and it will be expected of him, at the annual meeting of the State Society to read his report. This plan has been adopted by other State Societies, and operates well. Your Committee believe that this plan would insure full reports from all our District Societies, and would greatly add to the interest of our annual meetings. Besides, we should then obtain a knowledge of epidemics, their causes and cure, and the best interests of humanity, the object of the medical profession, would be greatly subserved thereby.

Your Committee would also suggest, that hereafter the Standing Committee be appointed, so that its members shall all reside in one county, or at least so near each other, that they can meet as often as may be necessary to fulfil the duties of their appointment; as it is at present, it is impracticable, from the fact of the members living so remote from each other, for the committee to have a meeting and consult how their duties may best be discharged. The labors of the committee would be comparatively easy, did they reside near each other.

Epidemics have doubtless occurred in some localities during the past year, a faithful history of which would prove valuable to the profession and beneficial to the community at large.

The Standing Committee of last year referred to the report from Gloucester, "of the prevalence in that locality of a disposition to purulent deposits in the external tissues of the body." Since that time, this disposition has spread, and now exists in an epidemic form in many parts of the State of New Jersey. It is believed to be increasing, and although apparently a mild disease, evidences of its fatality in some some instances are not wanting, yet it is worthy of notice from its extensive prevalence; and "what is most singular it appears to have broken out in the four quarters of the globe at one and the same time, and to have been influenced in its rise and progress by one universal cause."

Thomas Hunt, F. R. C. S., Surgeon to the Western Dispensary for diseases of the Skin, has published in several late numbers of the London Lancet, a very interesting series of papers "on Carbuncles and Boils with especial reference to their prevalence as an Epidemic." These papers contain all the necessary information relative to the history, pathology, and treatment of the epidemic, and are well worthy of being read by the profession. Your committee are not aware, that any other general epidemic has been prevalent since our last meeting.

The Committee would notice, with feelings of regret, the decease of our first Vice President, Dr. James Paul. In this visitation of Providence the Society has lost one of its valued members; one who felt a deep interest in its prosperity, and who contributed largely of his personal efforts to promote its success; and it is due to his memory, that some suitable tribute of respect be paid by this Society in remembrance of his moral excellencies and scientific attainments.

We have reason to believe that there is still an increasing interest, in most of our District Societies, the attendance at their meetings is generally large; and they are becoming more useful to the profession, from the fact that their primary object is now an interchange of professional experience and observation. The course of medicine in our State is onward, and the profession generally keep pace with its progress, and no means is more successful in accomplishing this result, than a well organized District Society.

The Committee notice with pleasure, the effort being made to establish a Medical Institute at Burlington, and we are of the opinion, that if the effort is successful, it will do much to elevate the character and standing of the medical profession of New Jersey. From the known reputation of most of the gentlemen engaged in the enterprise, we would commend it to the profession as worthy their patronage and support. We would also unite in the recommendation of several preceding Committees, on the importance of medical men extending their patronage and support to the New Jersey Medical Reporter. As that journal is at present conducted, it is a credit to our State, and if the profession of New Jersey would countenance and support the Reporter, as they ought, we should then have a journal that would compare favorably with any other—at present published monthly, at the same terms—in this country. It is therefore hoped, that the medical men of this State will see their true interest, and extend to this Periodical that support of which it is worthy.

GEORGE P. REX,
Chairman of Standing Com.

JANUARY, 1853.

REPORT

ON THE EFFECTS OF MERCURIAL PREPARATIONS ON THE LIVING ANIMAL TISSUES: READ BY JAMES B. COLEMAN, M. D., Chairman of Committee.

Animal formations being composed ultimately, of specific organized arrangements, these arrangements must be regarded in determining diseased as well as healthy action.

The composition, or chemical elements of these formations, hold specific relations to the agents taken into the circulation.

Substances acknowledged as remedies in disease, are safe or dangerous, according to their chemical constitution.

Mercury has never been properly regarded in its chemical action upon the ultimate structures.

To investigate the action of mercurial preparations upon the living animal tissues, we must be governed by the foregoing propositions. We must begin with the organic rudiments, and trace the formations through their various phases of development. The molecules, their chemical elements, and their vital affinities, are the points to be considered; for with living, as with dead matter, changes in composition take place only between atoms.

The nitrogenous compounds constitute a group of formative principles. They embrace nerve, muscle, glandular matter, and the soft tissues generally. The carbonaceous and earthy compounds, including fatty matter and bone, proceeding indirectly from the action of the nitrogenous group, do not immediately concern this investigation. It is in the nitrogenous group that we see the extreme point of organization. This, in the embryo, is a cell, composed of membrane, surrounding a fluid, containing a nucleus. When observed separately, there are but few marks to determine whether it be of vegetable or animal origin, or what part it is to fill in the myriad groups of organized existences. Yet in that cell there is some force which determines the character of the individual to which it belongs, and not only the individual, but the specific organ in which it is to be deposited. By an effort peculiar to each cell, it selects elements of its kind from the fluids of circulation, and arranges a structure that soon appears in some of the acknowledged forms of organized tissue. In whatever way we regard the cell influence, in the changes from the embryonic state, to the perfect maturity of the individual, the fact cannot be doubted, that the cell nucleus, its nitrogenous centre of vitality, its predetermining formative principle, still exists, whether surrounded by a fluid, as in the soft rudimental stage of the embryo, or the indurated tissues of the adult. It is reasonable to believe that it is at this point many diseases begin, which show themselves afterwards by violent symptoms in the more obvious structures. To suppose the contrary is to disavow the chemistry of life. If there be sufficient force in these molecules to form the young, and if it be from them alone, that the matured perfect animal has been constructed, and by them that he is continued, exhibiting all the phenomena of vitality, we cannot regard their derangement as unimportant in correct pathology.

The formative cell, or ultimate molecule, is derived from the blood, in which its proximate elements exist, with other combinations of organic compounds. These organic elements, in a healthy and properly nourished animal, are favorable to its proper affinities, and final arrangement. It is the uninterrupted play of these affinities of the ultimate molecules, that produces healthy tissue, and it is again, the influence of these tissues upon each other, arranging the organs and their appendages, which constitutes a perfect being, exhibiting all the varied phenomena of organized existence. The organizing influence first seen in the cell, may be vitiated by the fluids of circulation when they contain disorganizing chemical agents. The extreme sensitiveness, which enables them to select, with a vital discrimination, elements essential to their further development, is blunted and destroyed. Some may suffer more than others, according to their more delicate combination of elements, and such tissues as are formed by them, may be most easily affected by the foreign bodies in the circulation. The organizing molecule may be indirectly deranged and destroyed, by alterations of the grosser structures, such as are affected by mechanical violence, or other causes that have power to change the anatomical relations of tissues.

All organic derangements, attended by a changed condition of the functions of an organ, are more open to the observation of the physician, than those which interfere with the formative elements. From the extent of the phenomena they exhibit, they offer more for treatment. Reacting upon associated parts, and deranging their forces, whatever remedy experience has proved to have power to depress exalted, or stimulate depressed action in any organ, is resorted to, as one or the other condition prevails. This frequently answers the end—functions seem to resume their natural condition, and the patient is, afterward, apparently well. Whether the treatment has been that which a correct discrimination would have adopted, remains questionable. The result does not prove its propriety. There are powers of life, beyond the temporary interference of remedies, that will remove obstructions and heal lesions. It is unnecessary, in an article of this kind, to refer to familiar illustrations.

Gross mechanical obstructions, such as indigestible substances in the alimentary canal—obstructions of the bile tubes—strictures—deposits in the urinary bladder—tumors—distensions by serum, all these necessarily derange the vital forces, and they can frequently be removed with entire certainty, and the diseased condition disappears with their removal. Such remedies as produce these effects, are certainly not to be classed with those agents which operate more obscurely upon the organisms, and which, from their known interference with the ordinary forces of life, are called alterative, and among which mercury stands first. A common cathartic dose operates as a foreign body, irritating the stomach and bowels so as to discharge their contents. Different agents, producing these effects, have their individual kinds and degrees of irritation. Urinary deposits, either acid or earthy, are dissolved by agents carried through the circulation, or are removed by the surgeon; tumors may be destroyed in various ways: accumulations of fluid can be discharged by tapping, and thus with many other of the obvious obstructions of the system. But those states dependent on affections of the formative cells, in which the elementary tissues are the first to exhibit pathognomonic symptoms, having nothing more than an exalted or depressed state of the vital forces, to mark a departure from health, and certain sympathies of the most sensitive organs to respond to their changed condition, being too obscure to admit of a correct diagnosis in the present state of pathological knowledge, must, if treated in any other manner than the instincts of the individual direct, be experimental and hazardous. Who can tell, in many of the species of fever, the original movement? On that movement depends all correct reasoning, and fair treatment. The disturbances that follow in the train of the original morbid action, are certainly not the pheuomena that call for attention, it is something beyond these that must be controlled. It is not because these consequent disturbances are more easily observed, that they are more inimical to life. Pain may subside, parts may become accustomed to the pressure of foreign bodies and morbid enlargements, vicarious offices may be performed by organs to relieve the system of elements that have been obstructed in their proper outlets; all these states may exist to a considerable extent, and the animal recover, finally, with a tolerable degree of health. But if the organizing action is arrested in any of the vital tissues, complete destruction of the individual must follow, if it be not soon relieved. If the encephaloid molecules are vitiated, we observe a prostration of vital forces. Nothing is violent, all tends to a gradual destruction of the organisms. In these cases, we support, we stimulate, we try in a variety of ways to infuse into the languid system, the principle of life. Alcohol, tonics, frictions, artificial temperature, inhalations, the imponderable elements are applied in their turn, and if, after all, the patient struggle through his distemper, nothing that art has used, can be satisfactorily determined as the individual certainty, the agent that has, by any known law of nature, acted positively upon the disturbing influence. True science reviews the case, and declares, in the honesty that is ever its great characteristic, that organic nature, in its struggle for life, has not been thwarted; that warmth and air, and food, and rest, have been regarded, and that every opportunity has been allowed for the curative tendencies to exert themselves to the uttermost. If, on the other hand, an undue quantity and activity of the medullary molecules exist, exalted action prevails, and all the phenomena of life are in excess, we fear a rapid wearing out and breaking down of the system, we then resort to such means as will destroy life. We bleed, we chill, we set the emunctories at work. The kidneys, the liver, the alimentary canal, and the skin, are thrown into violent action, to bring down the morbid symptoms. We even make direct attacks upon the heart, by agents that paralyze its movements, so that the vital current, after it has been reduced in quantity, may be retarded in its motion. What is the cause of this exalted action? Where is it? What are we doing when we blindly attack organs that are healthy, as far as they are related to the primitive affection? The patients recover, as recover they will under the most contradictory treatment. Have we met the requirement? Do we know why we administered, and what we were battling? The chemist, the microscopist, and the physiologist must determine, and if from them we do not obtain the information we seek, practice must be empirical.

That elements and compounds are administered, and taken into the circulation, which are not nutritive, and against which the instincts revolt, is well known. By the way of the stomach, and by application to the surface, and even by inhalation, various agents are administered, with the view of changing some morbid action. Some of these agents change chemically the organic principles, coagulate albumen, dissolve fibrine, and indurate medullary matter. Others suspend decarbonization, and even destroy the nervous phenomena. Arsenic, mercury, antimony, bismuth, copper, zinc, and lead, with iodine to assist in their energy, are as freely given as if we were operating in a laboratory, with the scale of equivalents before us, the test glass in one hand, and the reagent in the other, upon a mass, the composition of which was perfectly known. Now, agents which are inimical to life, recognized as such by the protective instincts of the animal, proved to be such by common observation, and demonstrated such by the organic chemist, should be most accurately reasoned upon, and carefully administered. The inquiry should be, if to allay a disordered function, we administer arsenic, do we control that function, and no more. If we prevent a recurrence, if an intermittent, (what is an intermittent?) do we not produce disorganization of albuminous formations, and by establishing a commotion among the elements of vitality, so far diminish that force which is necessary to an intermittent fever, that there is in reality, not vital power sufficient for this comparatively safe disorder. Whence the puffed semi-transparent prostrated condition of the arsenic taker? Can any one determine the important changes that have been made in the ultimate molecular structures by this mineral, or at what period of the life of the individual he will have entirely recovered from its effects, or what its influence may be upon his progeny?

In civilized life, a man may be apparently well. He will be without pain, sleep easily, take a moderate share of food, and attend to some kind of business that taxes but lightly his physical powers. He will pass as a healthy, although delicate man. Yet the life of this individual is sustained by constant watching. Very great regularity in exercise, diet, temperature, and even mental exertion, are conditions carefully guarded, and it is when there is a departure from this monotonous routine, that the whole organization seems too feeble to overcome the accidents of manly life. Such an individual is not well. Either disease, or bad treatment, or the imperfections of his parents, have vitiated tissues, and made his life a struggle, in which the vital forces barely hold the mastery. He has none of that excess of power which impels the scout, coarsely fed, and half clothed, through floods, and over deserts, with a velocity and endurance scarcely equalled by the reindeer. This vigor of the scout, is the healthy condition of man. His every structure is made to brave such perils, and accomplish such feats. He has within him, compensations for hot and cold, wet and dry; he has apparatus for motion, unsurpassed for variety and endurance, by any other animal. When we see so many entire families, so imperfectly organized, so deficient in physical strength, we are to impute the variation from the perfect man, to imperfection in the parent. An imperfection sufficient to impress organic deficiency upon the child, must be a changed organism, a condition that propagates according to some new type.

The question now arises, how far the recuperative power of the organs can overcome the effects of agents that have power, when administered in excess, to destroy them. Many of the vegetable poisons destroy life, not by chemical solution, or induration of organic compounds, but by some peculiar action upon the nerves. These poisons are compounds of oxygen, carbon, hydrogen, and nitrogen, and the peculiar atomic arrangement, as to quantities, is all that distinguishes a poison from a vegetable nutritive compound. The combination is so slight that they are readily decomposed. If they do not destroy life instantly, they are generally harmless. It is such poisons as ulcerate, and dissolve the animal formations, or such as enter into combination with them, and make inorganic insoluble products, that tell most fatally upon the system, in doses that do not immediately destroy life. These are the substances that are denominated alterative, for they, if perseveringly administered, will gradually break up some organic action, and produce a train of sympathies so different from the manifestations of the previous condition, that the living phenomena are certainly changed. Sometimes a diseased action is converted to one of apparent health, and the patient recovers—sometimes the reverse, and he is hurried out of existence more rapidly.

If an agent have been introduced into the system that has acted as an alterative, how far has it deranged the elementary structures, and made them incapable of performing, afterwards, their perfect functions? It is true, this is a difficult point to determine. We know that the oxide of lead will produce incurable disease of the alimentary canal, and palsy—phosporous disease of the bones—mercury sloughs of the albuminous structures, and osseous disorganization. After a tissue has been so far changed in its integral arrangement, as to present to the eye a different structure, it cannot perform its function as was originally intended, and in proportion to this change, it affects associated tissues. Parts depending upon these new formations cannot be considered healthy, nor can their action be as perfect as if no change of the kind had taken place. The nerve function is not as strong, nor enduring, in one who has suffered from cerebral concussion, phrenitis, palsy or apoplexy—the äeration of the blood as thorough after pneumonia or pleuritic adhesions—the action of the liver is vitiated by structural changes, such as engorgements, abscesses, and cicatrization—the bones are not as strong, as well shaped, and as nicely adjusted to their offices, in one who has suffered from necrosis. All these, and similar diseases, leave their evidence after the patient has ceased to complain of their particular symtomatic annoyance.

As certainly as a cicatrix shows the track of the scalpel, the organic lesion of tissues which attend many diseases, and the action of many remedies, leaves its mark for life.

If it be conceded that the recuperative powers of the system be sufficient to bring about a healthy condition, in one suffering from obstructions, that are in their nature removeable—from substances that merely clog for a time without destroying structure—agents that can be decomposed into harmless elements, it does not follow that the same protective energy can create new tissues, and identical with those that have been destroyed, after their place has heen filled by other formations.

The nature of some remedies is to control the vital actions by suffering a decomposition of themselves. They become, as it were, the food of the diseased organisms, and impart to them the elements required to bring them into a normal state. This is peculiarly the case with organic remedies. The inorganic substances which are used as medicines, are, many of them, such as do not enter into the animal formations. Copper—arsenic—antimony—bismuth—mercury, for example. When these produce a supposed salutary effect in morbid conditions, it is difficult to determine the mode of operation, unless it be by changing seats of irritation, and instituting new diseases, and giving to the new action a specific power to withold the irritating agent, whatever it be, from the primary point of attraction. That the new action is a disease, none can deny, and it is the caution alone of the physician, that prevents its running beyond control, and ending in complete disorganization of some portions of the animal structure. Even with the most careful, in some peculiar instances, these agents disorganize dreadfully, and eventually destroy life.

After having given this outline of the most probable action of medicines upon the organisms, the question recurs, what is the action of mercurial preparations upon the living animal tissues? The books inform us no further than our own observation has taught, that it causes secretions of various glands—that it allays inflammation, and sometimes causes inflammation—that it breaks up certain specific actions—that it is an alterative. They do not instruct as accurately as to the chemical character of the secretions they induce—whether those secretions are the specific fluids of the parts, or fluids loaded with broken down structures, such structures as cannot be lost with impunity. They do not give the quantity of the most highly vitalized portion of the blood that is destroyed under the action of mercury when it is used to arrest inflammation,—they do not even inform us intelligibly where syphilis ends, and mercurial disease begins,—nor do they explain, in a manner becoming the times, what they mean by an alterative. The best authorities on the use of mercury, give such contradictory statements of its utility, in certain diseases in which they all have had equal experience, and opportunities for investigation, and they account so differently, and at the same time so unphilosophically for the results observed, that we cannot, with the lights of modern chemistry and structural combination to direct us, place much confidence in what they teach. It is unsatisfactory to assert, that in certain conditions of the system, such as the cancerous, scrofulous, cachexia, or leucophlegmatic, that mercury is inadmissible, when the highest power claimed for it is that of an *alterative*. It is unfair to speak of its wonderful effects in curing those diseases in which no organic changes have taken place, and in which the powers of life are sufficient, of themselves, to restore the healthy action, even under the difficulties of an interfering treatment. In such cases the evidence of the direct beneficial agency of mercury is wanting, and when it is well known that as great a number similarly affected, recover without its use, the value of mercury is considerably depreciated.

Inflammatory action, indicated by an increased temperature of the part affected, and as it progresses in extent, by an accelerated movement of the arterial system, is allayed by withholding the oxygenated globules of the blood from the part. This is done either by diminishing the quantity of blood, or inviting its oxygen to some other point, where it can enter into combination either with worn out structure, some secretion, or some agent introduced into the system immediately for the purpose. The conditions favorable to rapid spread of inflammation, are mechanical irritation of the part—exalted temperature—much food containing nitrogen—and want of sleep. Mechanical irritation causes movements that waste those powers of life, which are antagonistic to the decomposition of the structure. Every movement is attended by a loss of structure, and this loss is brought about by oxygen combining with the structures that are put in motion. Hence, the more a part is irritated, the greater the amount of oxygen consumed, and in proportion to the quantity required, will be the flow of blood to the seat of inflammation. A high temperature increases mobility by exalting the action of the nerves, which hurries all the phenomena of the part to a consummation that would be retarded or prevented if heat were abstracted. Nitrogenous food being essential to the blood globule, can be withheld advantageously when there is an excess of these carriers of oxygen. It is a natural and safe abstinence. No organs suffer in consequence, beyond the ordinary casualties of a healthful life. They are merely weakened in their function from want of supply, and are ready to assume their full powers when appropriate nourishment is administered. Instinct teaches forbearance, and points to the kind of nourishment required in inflammatory conditions. Fruits, and particular kinds of vegetables, such as contain scarcely any nitrogen, are relished, whilst meat is rejected. Sleep allays inflammatory action. Rest of all the voluntary muscles makes the demand for oxygen less than when they are in motion. Hence, less oxygen is taken in during sleep, less circulation of it through the structure that is suffering from its action, and as, during sleep, the vital forces are accumulating, there is a greater resistance made to the agents of decomposition. The reasonable treatment, then for inflammatory diseases, is to act in accordance with the laws that control the actual changes that are taking place. If we disregard them, when the experience of the best observers of all ages has given us the very remedies that modern research has proved exactly suited to the emergency, and in their place select others of doubtful utility, or others again decidedly at variance with every law of life, we place the treatment of disordered animal functions in a more degrading position than the repair of a steam engine.

If we arrest inflammation by mercury, that is, prevent the oxygenation of the tissue in which it exists, we do it not directly by witholding oxygen globules, as by blood letting, or by non-nitrogenous food; not by lowering temperature, so as to lessen chemical affinity; not by rest, which strengthens the vital forces, but by an uncertain and dangerously indirect way. If mercurial preparations are not taken into the circulation, but reduce inflammatory action by catharsis alone, they stand by the side of many mild cathartics and are not to be preferred, because they sometimes produce effects not intended, and highly deleterious. If the salts of mercury, enter the circulation and produce their specific effect, inflammation is overcome by their action upon the oxygen globule. The albuminous principles of the blood are deranged by the bi-chloride of mercury, the form this metal generally assumes when it enters the circulation, the hydrochloric acid of the gastric and dermoid fluids yielding the equivalent to form this salt from the preparations of mercury generally administered. Both chlorine and mercury are destructive to albumen. They destroy the vitality of the blood. They enter into combination with its elements, and form products that are thrown out of the system by all the emunctories that can discharge carbonic acid, sulphuretted hydrogen, ammonia, and such liquid solutions as envelope the offending agents. The salivary glands pour forth their fœtid discharge,—the skin and the lungs exhale their offensive gasses,—the liver discharges the elements of tissues that have been violently broken up,—the kidneys remove such effete matter as comes within their peculiar circle. Mercury disturbs every function, because that element, essential to the maintenance of health, ceases to penetrate its accustomed tissues. The oxygen that is taken in by the respiration, finding at almost every point, organized matter without vitality, enters into combination with it, to form various inorganic products. Hence, the cause of inflammation ceasing at the seat of disease—there is no oxygen to spare to carry it on.

Accompanying this arrest of specific inflammation by mercury, there is a general disturbance of the system. The blood being vitiated by a destruction of its vital components, dead matter is carried to all the organisms, and the grand struggle begins between the living and inorganic forces. In many cases, the waste is thrown out of the system, and the peculiar difficulties, under which the patient suffered, pass away, and the case is considered cured, and that too, perhaps, with a promptness equal to the risk. In other cases the destruction occasioned by mercury is too great to be overcome. Structures are dissolved beyond the recuperative action of the organs, and a broken down system, or death, is the consequence. Thus in administering mercurial remedies, we cannot know the extent to which their peculiar action will be carried. It acts beyond the limits intended. If it only reduced the excess of oxygen globules in cases of inflammation, did not destroy albuminous compounds, and vitiate the molecular structures, we could trust it more as a curative agent.

None suffering under exanthemous diseases can safely receive mercury into the circulation, for it prevents the oxygenation of that morbid matter, the uninterrupted removal of which is the natural restoration to health. Mercury being the grand antagonist to healthy oxygenation in the tissues, the enlightened physician will discriminate by a correct molecular pathology, those cases in which it is entirely inadmissible.

It follows, from the combining affinities of the different preparations of mercury, that none but the most robust can take it into their circulation without obvious injury, and even in their cases the safety is questionable. If obstructions exist, such a degeneration of tissues into formations of parasitic vitality, in which the living forces barely control decomposition, the destruction of those forces in the blood, and the tissue forming cells, overcomes the balance, and the morbid structure, no longer checked, softens and runs into utter decomposition.

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Health vs. Fashion. By THOMAS J. CORSON, M. D.—Concluded.

Another mode in which incalculable detriment is done to health, is the neglect with which physical education is treated. Parents do not pay sufficient attention to the physical development of their children. In their overweening anxiety to improve the mind, they neglect the body; thus laying the foundation for diseases which will afflict the individuals, who have been subjected to such treatment while children, during the whole of their after-life. For my part, I would rather have a child who, at six or seven years of age, should have his muscular system well developed, and his features darkened by the rays of the life-giving sun, even though he were hardly able to read his primer, than have one who at his age had made surprising intellectual advancement, while his skin was as white as chalk, his muscular system hardly strong enough to carry him, and his whole frame showing that his mind had been developed to the detriment of his body. Leave the mind alone until the body grows strong, and then it will be able to bear the effects of strong mental exertion. Many, very many children have the foundations of their health sapped by confinement in poorly ventilated school-rooms, and application to study, before their bodies are strong enough to bear such treatment. If parents knew the full value of physical training, and would pay due attention to the subject, we should see less disease among children and young people.

While on the subject of education, it may not be inappropriate to look at the effects of confinement in schools and to study, upon rather older persons, particularly on young girls in the cities. Many young girls in the cities are cooped up from nine until two o'clock, in crowded school-rooms, and are made to pursue such a variety of studies as to require almost the whole of their time while out of school, to prepare their lessons. And when they are not studying, they are kept drumming on the piano, or learning to play the guitar, thus getting little or no time for healthful exercise—and doing all this very often against their own inclination and feelings, but urged on by parents and teachers, in order that they may become "accomplished."

It has become fashionable for young girls to study Algebra, Botany, Mineralogy, French, Latin, Music, Drawing, &c., &c., &c.; and very often all of these studies are crowded upon them at once, giving them no time to rest day or night; for after studying and being kept shut up from the blessed fresh air all day, they go to bed feverish and worn out, so that they cannot rest. Far be it from me to object to having girls liberally educated; with this I have no fault to find; my objection applies only to educating them too fast. Let them stay at school longer, and by having fewer things to do at one time, and a longer period wherein to do them, they will succeed better in accomplishing their object. Young girls between twelve and sixteen are particularly liable to be morbidly affected by such a rigid course of discipline, as this is the time when that important change takes place, which is the commencement of a new era of their life. They are now changing from the girl to the woman! Now it is that the menses appear, or rather, they should now appear. But if girls are kept closely confined at school, and their minds almost unremittingly applied to study, so that their physical frames cannot be properly developed, the menstrual discharge will not take place.

Probably nature may make an effort to establish this new function; but, under such circumstances, the effort will prove abortive. In such a case the physician will often be consulted, and told by the mother that her daughter has retention of the menses, and will be asked what can be done to save her from impending destruction. Will an intelligent physician prescribe emmenagogues for such a patient, and still allow her to pursue her studies as usual, and be confined as much as ever? By no means would he do so. He would tell her to throw away her books—stay out of the school-room—walk and ride in the open air, and take much active exercise. Under such regimen he can pretty safely predict that she will soon regain her wonted health.

Look at the difference between the country and city girl. One is rosy with health, possessed of sufficient muscular strength to pile wood, while the other has not enough muscular power to enable her to walk four or five miles a day without feeling an almost insupportable degree of fatigue. What makes this wide difference? Nothing but the difference in their situations. She who lives in the country has the benefit of exercise in the pure fresh air, and shows the healthful effects of it in her whole contour; while the city girl, taught that work is degrading, lolls on the sofa and drags out a miserable existence, almost killed by ennui.

If young girls would work more, would exercise more in God's free, open air, we would not see so many young ladies with narrow shoulders and diminutive chests; but they would be rosy with the bloom of health, and would be more like her of whom the poet spoke—

> Her neck with grace descending,
> In a heaven of beauty ending.

Instead of being sallow and sickly-looking, they would be cheerful and gay—their smiling countenances indicative of the pleasures arising from perfect health.

In dress, it is, that fashion has almost universal sway—in this respect people feel bound to obey her dictates, however foolish they may be. Many, very many persons, will sacrifice health and comfort for the sake of being "in the fashion;" seeming to think that they "might as well be out of the world as out of the fashion." This potent goddess is as changeable as the wind, at one time compelling her votaries to clothe themselves almost to suffocation—and then again going to the other extreme, and giving them hardly enough apparel to hide their nakedness. If short-sleeved and low-necked dresses happen to be *a la mode*, young ladies who already have a predisposition to Phthisis Pulmonalis, and to whom it is all-important that every precaution should be taken to prevent its development, will expose themselves to the influence of cold and damp, while insufficiently clad, thus contracting pneumonia, bronchitis, and other diseases, which will act as exciting causes to develope the latent tendency to phthisis which is lurking in their systems, ready to appear at the slightest bidding.

Pulmonary phthisis has doubtless been brought into existence in very many cases by such exposure, when it might have been prevented, or at least deferred for years, by protecting the breast by high-necked dresses and flannel, and observing prudence against exposure to cold and damp. How often do we find young ladies attributing the first symptoms of phthisis to exposure on a certain night when they "caught a cold," while going to a party, dressed very thinly—while at the party, becoming excited and warm, and then going out into the cold without being clothed warmly. If young ladies appreciated the truth of Thompson's words,

> * * * * * * loveliness
> Needs not the foreign aid of ornament,
> But is, when unadorn'd adorn'd the most.

They would not resort to the meretricious aids of fashion to make them appear to better advantage. But, dressing neatly and tastefully, they would still have a due regard for their health, and by prudent care would endeavor to ward off disease, and thus prevent the rose on their cheek from being banished, to give place to the pale lily.

Happily for the health of our females, the murderous practice of wearing corsets has been almost entirely done away with. Comparatively few ladies now wear these instruments of death. No wonder that one sixth of the ladies who wore these things were afflicted with deformity and disease. Look at the modus operandi of corsets, and you will not be surprised at the effects which they produce. They are laced tightly around the chest, compressing the heart and lungs, restraining the freedom of action of the respiratory and spinal muscles, and making the wearer breathe chiefly by the diaphragm and abdominal muscles. Such treatment naturally produces disease. The lungs cannot fully expand—the heart cannot act with its natural force, and the respiratory and spinal muscles being thus shut up, inevitably lose much of their vigor of action; and disease and deformity are the necessary consequences. Thanks to the good sense of our females, and the exertions of medical men, who have long cried out against their use, corsets have been very generally thrown aside. And what is the consequence? We see women of the present age having full and large chests, spines undeformed, and a much fuller development of their physical frames than was possessed by those who wore these horrid contrivances. This is a happy change, and we may well excuse the ardor of the aspirant for poetic fame, who, in view of this long desired reformation, thus gave vent to his feelings of enthusiastic delight—

Sound the loud trumpet o'er valley and sea,
The tape-strings are broken and women are free.

Women in our country do not, generally speaking, dress warmly enough—they do not sufficiently guard against the sudden changes of temperature which so frequently occur. Professor C. D. Meigs, who has studied the diseases of females with great care, says, (referring particularly to the women of our country,) "women are rarely clothed as warmly as they ought to be, custom, bienséance, the power of fashion, cause them to clothe the pelvic regions of the body and thighs too lightly; and the women who live in what is called the better class of society are constantly exposed to the morbific influence of cold and damp, applied to the lower extremities." This is the language of one who has paid much attention to the investigation of the diseases of females, and, as such, is entitled to our confidence.

Very few people take as much exercise as they should, and without this no one can be healthy. Active exercise is absolutely indispensible to a healthy condition of our various functions. It aids digestion, developes the muscles, prevents a torpid and sluggish state of the liver and bowels, and invigorates the whole system. Every one should walk several miles every day, if he wishes to be in a perfectly healthy state. Walking is the best exercise that can be taken. It calls into action a vast number of muscles; excites the functions of digestion, respiration, and circulation; and in various ways does very much towards improving the state of the whole system, obviating the tendency to many diseases which but for this prophylactic course of action, would develope themselves. Professor S. Jackson says, in speaking of this subject, "exercise of the muscles is the most effective of the resources of hygiene, when directed on proper principles, and alternated with repose. The general effects on the health accord with the number of the muscles brought into action, and the energy of their exercise. The excitation of the organic actions is extended throughout the economy, and all the nutritive functions experience an evident invigoration." The beneficial effects of exercise on the general health are universally admitted, yet many are found who, "falsely luxuriant," refuse to obey the dictates of common sense, and who will not overcome their slothful habits; but such must suffer the penalty due to this neglect of nature's laws. What remedy is more effectual in the treatment of anæmia than exercise in the open air? In the treatment of this disease, exercise is of paramount importance to restore the healthy crasis of the blood.

The habit of taking quack medicines might be here spoken of as one of the ways in which health is destroyed; but this is a subject, the full consideration of which would require more space than can be given to it in this place. 'Tis passing strange, that so many people will destroy themselves by gulping down these vile compounds, which are concocted by ignorant and uneducated charlatans, who know nothing of the nature of the diseases in the cure of which they represent their medicines to be so efficacious. Suicides without number are committed by persons who take these medicines from the vain hope of receiving benefit from them. But such is human nature, it will not know its own good.

Much more might be said of the different modes in which the human system is morbifically influenced, but this essay has already attained an unreasonable length.

And now it may be asked, how are these various causes which ruin the health of so many persons, to be obviated? Simply by teaching people what promotes and what injures health. If we would obey the injunction of the Grecian philosopher *γνωθὶ ςεαυτον*, we would more fully appreciate the necessity of taking care of ourselves. Let physicians then, actuated by feelings of benevolence and kind-heartedness towards their fellow-creatures, instruct them in the laws of hygiene. Let them teach others how, by prudent care and watching, they may in a great measure keep themselves free from disease. A physician should not be a mere prescriber—his desire should be not only to cure disease already existing, but also to prevent the occurrence of disease. Let him by prudent counsel and wise advice endeavor

> "Delectando pariterque monendo,
> Prodesse quam conspici."

If physicians would do all that they could to prevent disease, they would do an incalculable amount of good. Let them, by their knowledge of the human organism and the laws which govern it, give such advice as will secure to each person, when possible, "mens sana in corpore sano;" and although they may not as well fill their purses by thus doing, as if they were to leave disease to attack those in whom it might have been prevented, surely they will feel happier from a conviction of having done their duty.

The medical profession is a noble calling, and none should enter its ranks merely for the sordid purpose of making money from the sufferings of their fellow-creatures. Every medical man should be actuated by the purest benevolence, willing to sacrifice his own pleasure and comfort in order to alleviate the sufferings of the afflicted, and by so doing endeavor to succeed in "driving away the dark-winged fiend who is hovering over his promised victim, and scattering roses where the lily only drooped before, and opening up in renewed freshness and copiousness, the fountains and streams of life, and hope, and enjoyment that always gush at Hygeia's feet."

Jeanesville, Luzerne Co., Pa., March 16, 1853.

Remarks on Dry Cupping. By B. H. WASHINGTON, M. D.

I was called to a child, æt 7, (previously under charge of a "regular" physician and a steamer) presenting the following symptoms, sequelæ of scarlet fever: pulse 140, remarkably hard and wiry; an abscess on one side of the throat as large as a turkey egg, and one on the other not quite so large; complete aphonia from condition of her throat; an abscess on back of left hand, left arm partially paralyzed; liver torpid, bowels irregular, sometimes costive, sometimes too loose, at that time costive; severe sciatic pain from left hip to the knee, could not bear anything heavier than a sheet; excessive emaciation as in the last stages of cholera infantum: heavy night sweats, but skin remarkably harsh and scaly during the paroxysm, and altogether presenting a most pitiable wreck of humanity; and her voiceless grief, as I inadvertently touched her sciatic leg, touched my heart deeper than the loudest groans.

I was fairly run aground, never had seen, heard, or read of such a case, and my only chance seemed to be, to do the best I could, and push off to Elkton, (Todd Co. Ky.,) and consult some experienced physician.

In my historical reading, a statement that Napoleon's success was, in a great measure, owing to his bringing his forces from all quarters, and thus overwhelming the enemy, instead of endeavoring to succeed by one fierce charge, struck me with peculiar force; thus will I do, said I, when I commence practicing. Some physicians arrange their forces incongruously, sometimes incompatibly, and then a helter skelter charge is made through the primæ viæ—merely to find themselves on the other side.

With too many, the one engrossing idea seems to be, to make a successful charge through the primæ viæ, and all other points are neglected; the skin for instance, is frequently entirely overlooked.

In pursuance of the plan of attacking the enemy from as many quarters as practicable, the following indications were laid down—1st to reduce the pulse to the natural standard: 2d, to arouse the skin to a proper discharge of its functions: 3d, to regulate the liver and bowels: 4th, to cure the abscesses: 5th, to relieve the sciatic leg and paralyzed arm. From the history of the case, it was very evident that the condition of the pulse was the result of excessive stimulation, the brandy was therefore directed to be given in half the quantity and at double the interval: the whole body was to be sponged in warm water three times per day: a mustard plaster was applied the whole length of the spine: compresses (first applied cold, but found useless) wrung out of warm water were applied around her throat, and a strong vol. liniment was rubbed on the spine, after the mustard plaster had sufficiently drawn. On going to Elkton, was advised by a distinguished physician to stimulate with wine, or brandy, give a little quinine, and regulate the bowels by a grain or two of calomel, or blue mass; was told if her pulse was 120, she was bound to die. Fully believing she was "bound to die," concluded to omit the wine, as she was already over stimulated: calomel and quinine were administered as directed; the next day fever was high, and diarrhœa had followed the opening of the bowels: I quit all stimulants and purgatives with the determination to give nature as fair a chance as possible; had the patient put in warm bath twice per day, and continued the other remedies. In the course of five or six days, commenced dry cupping the whole length of the spine, instead of the vol. liniment and mustard previously used as a substitute: in the course of ten days, the patient had improved so much, I cautiously tried the mist. ferri. compos. and in less than four weeks from first visit, she was fat and rosy.

The deductions drawn from the case were few, but valuable: hitherto I had only used dry cupping in strictly nervous cases, and it was to relieve the sciatica and paralysis of the arm, that it was tried; but finding the stomach completely digesting her food, the liver acting finely, and in consequence, the bowels becoming regular, the kidneys aroused to such free action as to relieve the skin, my eyes were opened to the fact, surprising to me, that dry cupping was a powerful alterative, and that the different organs could be effectually regulated through the medium of the nervous system. The anatomical structure of the nervous system gave me a clue to the rationale of the modus operandi of dry cupping: through the intimate connection of the spinal marrow with the whole system, when an impression is made on the spinal marrow, it is transmitted to the different organs through the respective nerves arising from it.

I had read much of nervous sympathy, but only a few isolated facts were found of any practical value, but that case was, to me, the "open sesame" of the nervous system; and its intimate connections were studied with far more pleasure from the fact that almost every item was of direct practical value.

Hence, for instance, if I find a pregnant female suffering with headache or cardialgia, I do not apply a mustard plaster or leaf of horseradish, nor administer alkalies, but I simply dry cup her spine, *break the chain of nervous sympathy*, and by regular repetition, accompanied with frequent sponging of the whole body, *keep it broken*, and unless she is excessively imprudent, no inconvenience is felt from her situation. Or if she is suffering from irritability of the bladder; from acrid urine, I calculate as certainly on a secretion of bland urine following dry cupping and sponging, as any other person would from the best diuretic known. Neither is there, to my mind, however it may appear to others, a tithe of the incongruity in recommending dry cupping and sponging for leucorrhea, amemorrhea, or dysmenorrhea, or their numerous sympathetic complications, that there is in the various plans recommended for those diseases, simply because the organ affected can be more easily reached and regulated through the nerves distributed to it, than by the indirect methods usually recommended. In conclusion, I will say, all I ask is a fair trial, and if any one finds my hobby does not ride well, let him stick to his own.

Hannibal, Mo., March, 1853.

Case of Prurigo Senilis. By WILLIAM JOHNSON, M. D.

Prurigo senilis is sometimes extremely persistent; annoying to the patient, and vexatious to the physician—setting at defiance the most judicious efforts for its removal. These considerations will be my sufficient excuse for presenting the following case to the readers of the Medical Reporter.

E. B., aged 80, after having suffered from a very obstinate attack of erysipelatous inflammation of the lower extremities, involving the genitalia, perineum and nates, became the subject of this most distressing affection—prurigo. The part selected for its attack was all the space between the scapulae, and about four or five inches below them. The itching was of the most distressing nature, particularly during the night season, compelling the old gentleman to pass a considerable portion of the night out of the bed. Some idea may be formed of his sufferings from the strong language in which he expressed his feelings. "Doctor, (but perhaps I ought not to express myself so) my sufferings appear to me like the torments of the damned."

The appearance of the skin presented nothing abnormal—no papulæ—no blush of inflammation, but some slight abrasion of the cuticle from involuntary scratching and rubbing; but this mode of relief he endeavored carefully to avoid, finding by sad experience his sufferings increased thereby. The most distressing, burning sensation was produced by friction of the affected parts.

In the treatment of this case I should have commenced with the nit. argent. in solution, to the whole of the irritated surface, but it had been so freely used in the erysipelatous attack, that the patient objected to it. It had produced destruction of the cuticle and subjacent tissue on several spots on which it had been applied, and it had not afforded him the relief which the ung. hyd. nitrat. had done. I used therefore, this ointment to the surface affected by the prurigo, but with no benefit. I next applied ung. acid. sulphur. with no better success. I directed the parts affected to be washed with a mixture of prussic acid and water. It did not answer. I used an ointment prepared by boiling fol: digital: in hog's lard—it did him no good. Fol. aconit. prepared and used in the same manner as the foregoing article, did afford some relief—but the disease was not subdued.

I had now been in attendance for a fortnight in this case, and the patient was but little relieved. The foregoing, and a number of other appliances both external and internal, had been employed, but still the disease ran on. I consulted books, but got no help. In looking over Watson's Practice, I found that the doctor had himself been in a predicament similar to my own. He stated that he had by mere accident been induced to prescribe the *aconitine* with complete success. I now determined to use it in this case. Fifteen grains of the aconitine were rubbed up with one and a half ounces of lard. A small quantity of this ointment was directed to be applied night and morning over the whole seat of irritation; carefully avoiding every spot on which there was the slightest abrasion of the cuticle. In three or four days my patient was cured, and although two years and a quarter have elapsed, there has been no return of the disease. The aconitine in this case acted like a charm, and nothing but the exorbitant price of the article should prevent its general use in a disease which I have myself in several instances seen protracted for years.

Whitehouse Village, March, 1853.

Singular Case of Congenital Deformity. By Wm. K. Mason, M.D.

In April, 1851, I was called to attend Mrs. P., in her accouchement. After about an hour's natural labor and no difficulty whatever, she was delivered of a fine male child, of about ten pounds weight; every thing natural except nearly all the small intestines, part of omentum covered with peritoneal coat, out of, and lying on, the external part of abdomen, and attached by adhesions up the umbilical cord for four inches, and around the edges of the umbilical opening, which was about the size of half a dollar. There had nothing happened that would have had a tendency of producing umbilical hernia. I immediately, after placing the mother comfortably in bed, dissected and cleared the sack from the cord and around the opening, and carefully introduced them into the abdomen, and dressed the orifice with strips of adhesive plaster, so as to draw the edges together a little more at each dressing, with compress and bandage. The orifice kept contracting and adhesive inflamation went kindly on until it was closed. It now appears natural and the child is perfectly well. Now those intestines must have grown in the position in which we found them, in utero. I have never seen such a case in forty years practice, and several thousand obstetrical cases. Have you ever had such a case? I have seen such reported in medical authors, but believe they generally terminated fatally.

Tuckerton, April, 20, 1852.

Quackery and the Clergy. By J. Lawrence Day, M. D.

With the question whether the Reporter is "hand in hand with quackery," I will not interfere; but will remark generally, that as professional men we cannot be too careful to avoid any and every thing that savors of quackery—we should neither become quacks ourselves nor should we give any quarter, and much less aid and comfort to the enemy. We should be, in fact, as the community esteem us to be, the uncompromising enemies of all sorts of quackery, and every kind and style of quack medicine. Sometimes, indeed, we allow patent medicines as things that will do neither hurt nor good, merely to gratify the whims or prejudices of patients. This, however, I esteem prejudicial to the dignity of the profession. While therefore, in respect to quack medicines and alliances with the uncommon popular humbugs of the day, we claim to be exclusive, are we not indirectly lending our countenance and support to all the things we so much abhor? This question I intend to examine, hoping the members of the profession will look a little at their experience, and if they think I am right, second the suggestion I intend to make in the sequel of this article.

The clergy are the especial friends and abettors of all patent pills, powders and pectorals, syrups and sarsaparillas, hydro, homœo, and every other newfangled pathy—*certified* friends—walking advertisements from house to house, and practical supporters. From this charge we take pleasure in exempting very many, but a reference to quack advertisements will show how much dependence is placed upon this kind of influence. The shame of the medical profession in this business is, that we support the clergy in this course, by (to them) cheapening our skill and medicine to a gratuity. Your New Jersey code does not allow a regular practitioner to *charge* the ministerial brethren within his limits: and I have known some strife among rival physicians for the privilege of dispensing to a very large minister's family, their advice and medicine gratuitously. For this generosity, peculiar to our profession, they have been repaid in a few months or years, by having the recipient of their gratuity advise patients to use some of the innumerable patent nostrums, or by seeing him introduce to his own family the perfect stranger, who has "just come to town," to practice homœopathy, or by knowing that the minister, or his wife or child, is at some famed hydropathic establishment. In doing this they do not intend any disregard to the profession, but are rather influenced by the too common and very natural method of estimating the value of things according to their *cost*. The various nostrums so largely certified by the clergy, are not sold to druggists with directions to furnish ministers families gratis, nor does homœopathy or any other pathy, send the minister a bill and receipt without the money fully paid. Patent medicines and patent advice, with sugar pellets dealt out by doctors patent made at the shortest notice, all cost money—but our hard earned experience, our toiling study, our outlay of capital in tuition, books, and instruments, must yield no interest. We are not therefore just to ourselves, unless there be a *reciprocal* service. Where is it? Did you ever hear of a doctor of medicine married without a wedding fee? The doctor, in a congregation, must attend also the poor of the church without fee; for there is no one to buy patent medicines. He is, too, expected to do for the church and minister even beyond his means. He must subscribe liberally, and take an eligible pew, with an *eligible* salary attached—for who will employ an illiberal or mean doctor. Show me, Mr. Editor, in this, if you can, any reciprocity—any justice—any honor—any pay, or anything else belonging to the dignity of the medical profession, and I will acknowledge I am mistaken.

Having very briefly alluded to some facts, attested in the experience, I am free to say, of almost every country practitioner, I will only suggest, as promised, that we abandon the practice of not charging ministers. I will venture the assertion, that the average pay of the clergy is fully equal to the average of physicians—on no principle then, can I see the justice or the propriety of that article in your code of ethics, and much less any propriety in the practice arising under it.

Wilkesbarre, Pa., April, 1858.

Note. The suggestions of our friend, Dr. Day, are certeinly worthy of notice, and while we would recommend them to the profession, and especially to the clergy, we would remark with reference to the N. Jersey rule in this respect, that it has not had the effect upon *our* clerical friends, that is complained of in some other places. We do not know of a single clergyman in our own vicinity who recognizes any other system of medicine than that acknowledged by the New Jersey Medical Society, though we have no doubt at all, that such may be found. And, we may mention that at a recent meeting of the New Jersey Conference of the Methodist Episcopal Church, held at Bridgeton, one of its members was arraigned for practicing Quackery. He came very near losing his connection with the Conference, on this account; and had he not entered into a written obligation to abandon the practice, would no doubt have lost his ministerial relation to the

Church; and in order to establish, the principle that quackery in any form is unworthy the support of an enlightened ministry, one of the members of the Conference presented the subject,in such a lucid manner, as clearly to enable all who would, to distinguish between the true and false in the various systems of medicine: and many reasons were offered why hydro and homœo-pathies, and other equally unreal forms of medicine, should be disregarded by a lofty, and religious public sentiment.

While we suppose the offence was in practicing medicine under any name, the history of its investigation proves that it was greatly aggravated in the judgment of the Conference, by the fact that the course pursued was not in accordance with acknowledged, and authorized medicine. The clerical brother was in the habit of "puking" his parishioners with lobelia, and of evaporating latent morbific influences by the steaming system of Thompson. This was the "head and front" of his offending, and, for this he received an active *alterative* dose, which, we trust, may prove entirely restorative.

Now we would not presume to assert that the *medical* profession of New Jersey is entitled to all the credit of having created such a healthy public feeling, lest our professional brethren across the Delaware, and among the mountains of our sister State, would compare unfavorably with us, we would be very modest on this point; neither would we claim for our brethren of the ministry, that they are either more enlightened, or less inclined than others of the same profession elsewhere, to run after the empty bubbles of imagination which rise about us with every breeze, and break by contact with every solid truth; or give more praise to the denomination already named, than to any other—but we would honestly say, that the medical profession of this State, having maintained its organization effectively and honorably, for well nigh a hundred years, has gained, not by superior merit perhaps, as by the general award of esteem that is bestowed by all *upon the aged*, the respect and confidenee of the learned, and the influential, as well as of the people generally. Our Medical Society has recorded upon its minutes a goodly portion of the history of the State. Having existed before the Revolution, and numbering among its members, many of the actors in the scenes of those times, it forms an important link in the great chain of events which mark our early progress as a struggling province, and subsequently as a prosperous commonwealth; and its continuance is necessary to the completion of the same course of history. Hence it has become one of our State Institutions, and we may say a "*peculiar institution,*" in the support of which, the *people* are interested; again, most of its members residing in small towns and villages, from their relation to the people, and their position in society, acquire a controlling influence over public sentiment, especially in matters relating to the profession, and are generally enabled to maintain it.

These may be presented as some of the reasons why physicians in N. Jersey have kept above the tide of empiricism, and carried with them, to a good degree, the popular sentiment. True, some of the people have consented to be caught, but the general fact is admitted (even by their advocates) that these various pseudo-systems, are but play things to amuse the fancy—that may be safe to indulge, in cases of trifling sickness, but that are not to be trusted in grave diseases, which require *real* treatment.

ED.

BIBLIOGRAPHICAL NOTICES.

Quarterly Summary of the College of Physicians of Philadelphia, from February 2, 1853, *to April* 6, 1853, *inclusive.*

It is well known to our readers that we are in the habit of making large extracts from this periodical, and in the present instance we feel more inclined than ever to do so; but owing to the crowded state of our columns, we must defer the notice of Biographical Sketches of Drs. Isaac Parrish and William R. Grant, of Philadelphia, both of which are interesting and useful, till our next issue, and confine ourselves at present to a summary of a case reported by Prof. Wood, under the following caption.

Case of Peritonitis with probable Intestinal Perforation.—The case, when first seen by Dr. Wood, presented the symptoms of a mild case of enteric fever, at the close of the first, or commencement of the second week; but there were no sudamina, or red spots any where on the surface, and no diarrhœa; but little change was noticed in the progress of the case till symptoms of severe peritonitis were observed on the ninth day—the abdomen was swollen, tense and painful; the pulse was small, thready, and frequent; the skin hot, and the countenance expressive of great anxiety. Under the impression that perforation had occurred, a blister was applied over the whole abdominal surface, and the patient kept under the decided influence of morphia, and the gums affected by the hourly administration of one grainof mercurial pill. The diet farinaceous. The object of the morphia was to keep the bowels at rest, of the blue mass and blister, to obviate inflammation, and of the diet to support the strength. The amount of morphia used, was equivalent to from twelve to twenty grains of opium daily, and while it maintained a state of semi-insensibility, it produced and sustained a steady perspiration; amendment of most of the symptoms soon became apparent, and the bowels, which had not been moved from the commencement of the peritoneal attack, were opened spontaneously; but the tongue remained dry, and there was some febrile excitement. At this stage of the attack, believing that the perforation was closed by adhesions, Dr. W. commenced the use of oil of turpentine in the dose of ten drops every two hours, combined with emulsion, the morphia and blue mass being continued. In two days the tympanites was decidedly diminished, and all the symptoms ameliorated. The mercurial was here omitted, though the oil and morphia were continued, in quantities proportionate to the symptoms, and in five or six weeks the patient was restored to tolerable health.

The case, whether one of perforation or not, is therapeutically interesting, as showing the advantage of the opium treatment, conjoined with mercurialization, under circumstances which did not permit a recourse to the lancet: as well as elucidating the value of oil of turpentine as a remedy, in typhoid or enteric fever, after the subsidence of peritoneal inflammation.

EDITORIAL.

POSTPONEMENT.

There are several subjects noticed in the Transactions of the American Medical Association, upon which it becomes us to remark, but the unusual space occupied by the Transactions in the present issue, and the accumulation of original communications, renders a postponement expedient. This will therefore be received by our readers as a reason for not enlarging now, upon some subjects of interest, of which it will be expected that we should express ourselves, as the Reporter has already taken a position, which not to reassume would have the appearance of a retreat.

PRACTICAL PHARMACY.

We publish in the present number of the Reporter, the announcement of E. Parrish's School of Practical Pharmacy, located in Philadelphia, and which we commend to the favorable notice of our subscribers. There is no institution that we know of, which with so little pretension is doing so much substantial service in the way of medical instruction. As appears by the catalogue, 154 students and graduates have been instructed therein, in the art of preparing and prescribing medicines; some of whom have taken two courses.

There has been but one testimony, as far as we have been informed, in relation to the value of this course. Including Clinical instructions as well as lectures and examinations, it presents advantages to the student not attainable elsewhere, and which we hope will be more widely appreciated and extended. *

OUR PRESENT NUMBER.

It will be observed that this number of the Reporter is pretty much taken up with a report of the proceedings of our National medical organization, recently held. We have succeeded in compiling a very complete account of them including abstracts of some of the excellent reports which were read on that occasion, and we very much mistake the character of our readers for intelligence, and the interest they possess in the welfare of their chosen profession, if any apology is needed for the space occupied with these details. If we rightly judge, there is nothing that would be more acceptable to the majority of them. Much other matter has necessarily been crowded out by this extended report, and we have, besides, been obliged to add a number of pages, as well as to print in very small type.

The *original communications* in this number are varied and interesting, and will repay attentive perusal. We trust that correspondents will continue to favor us, and that our table will groan with the weight, not only of papers, but the useful and practical *ideas* they may contain. On this subject we beg to refer to the strictures of Dr. N. S. Davis, Chairman of the committee on Medical literature, on a subsequent page.

The *Reporter* stands committed to a hearty support of our medical organizations, and we trust that our readers will encourage us in our efforts to keep the profession apprized of all that transpires, which is of interest to it. The best support and encouragement we can have, is extended means by which we may avail ourselves of the various sources of acquiring information, and this can be afforded us, *first*, by those who are in arrears paying their dues—and *second*, by an increase in our subscription list.

We feel flattered and encouraged by the notice taken of the *Reporter* in a recent meeting of the Somerset District Medical Society. Let all our District Societies manifest the interest in the welfare of the Reporter that two or three have, and our circulation would very soon be much extended in our own State. Each of our readers might, we should think, send us one additional name. Will they not try? *

PROCEEDINGS OF MEDICAL SOCIETIES.

Somerset County, N. J.—The District Medical Society of the county of Somerset, held its annual meeting at Somerville on Thursday, April 28, 1853.

Members present, Drs. H. H. Vanderveer, President; J. W. Craig, C. C. Suydam, F. S. Schenck, R. S. Smith, A. Skillman, P. D. McKissack, and S. K. Martin. The Secretary being absent, Dr. S. K. Martin was appointed Secretary pro tem.

Dr. Craig announced the decease of Dr. William D. Mc Kissack, and moved that a committee be appointed to draught resolutions expressive of the sense of the Society relative to his decease. Drs. Craig, Smith, and Schenck were appointed, and reported as follows:

Resolved, That this Society have learned with profound regret, the death of their much esteemed and respected friend, Dr. William D. McKissack, an honored and highly respected member of this Society, and that in his death, the Medical Society of Somerset feel deeply the loss of one of its most valuable and distinguished members, and its members, individually, a warm and sincere friend and associate.

Resolved, That this Society offer to his afflicted family, in this severe bereavement, the expression of their heartfelt sympathies.

Resolved, That the Secretary be directed to forward the foregoing resolutions to the family of the deceased, and that they be published in the Somerville papers and the *New Jersey Medical Reporter.*

The Committee further say, that as the highest inducement to a faithful performance of the varied duties of the profession of medicine, and of social life, which can be offered to the young and ardent, is to be found in the respect paid to the memory of the useful and virtuous, after death, Therefore, they recommend, that the President propose some member of this Society, to write a Biographical Memoir of our lamented friend and colleague, and cause the same to be published in the *New Jersey Medical Reporter.*

Communications were received from Drs. L. H. Mosher, J. B. Vanderveer, and J. Alfred Gray, expressing their desire of becoming members of this Society.

The application of Dr. J. W. Moore having been received at a previous meeting of the Society, was acted on, and he was admitted as a member.

The following resolutions were passed:—

Resolved, That the members of this Society are requested to report verbally, such cases of disease and mode of treatment, as may come under their observation; which when reported, shall be open to the Society for debate and conversation.

Resolved, That in future, including the minutes of this day, the Secretary be required to prepare a synopsis of the proceedings of this Society, for publication in the *New Jersey Medical Reporter.*

Dr. Suydam was appointed reporter, to observe and note the medical history of the ensuing season, within the range of his observation.

Dr. J. W. Craig was appointed by the President, to prepare a Biographical Memoir of the late Dr. W. D. McKissack, for publication in the *New Jersey Medical Reporter.*

Delegate to the American Medical Association, Dr. J. W. Craig.

Delegates to the State Medical Society—J. W. Craig, Peter D. McKissack, H. F. Vanderveer, and S. K. Martin.

S. K. MARTIN, *Sec. pro. tem.*

The following brief summary of the proceedings of the District Medical Society for *Cumberland Co.* we cut from the *West Jersey Pioneer.* The Society met in Bridgeton on the 5th ult.

Drs. B. R. Bateman, of Cedarville, and C. Butcher, of Maurice-town, were appointed Delegates to the American Medical Association, to meet in the City of New York on the 1st Tuesday in May.

After dinner the Society was called to order, and listened to an address from Dr. E. E. Bateman, of Cedarville, upon the life and character of Dr. E. M. Porter. For which the thanks of the Society were returned, and a copy of the address ordered to be placed on file.

The following resolutions were adopted :—

Resolved, That this Society has heard with deep regret of the decease, since our last meeting, of an esteemed fellow member, Dr. E. M. Porter; one whose course though brief, was yet brilliant, and gave evidence of medical genius of high order.

As a tribute of respect, and to manifest our heartfelt sorrow for the loss we have sustained :

Resolved, That we deeply sympathize with, and tender our condolence to, the family and friends of the deceased.

Resolved, That the Secretary append the above resolutions to the address delivered to-day by Dr. E. E. Bateman.

Very few epidemic diseases were reported for the last six months, save catarrhal affections.

The past Winter has been remarkable for mortality among the aged. In Bridgeton, death has well nigh severed the links that connect the present with the past, and left but few who can recite the early history of our town, or whose eyes have witnessed Revolutionary blood.

The discussions at this meeting were spirited and profitable, and doubtless caused all present to feel the advantages of social intercourse.

OBITUARY.

Since our last, death has made sad inroads into the ranks of our profession. Aside from those which have occurred from natural causes, we have to record,—as we do at the close of the Transactions of the American Medical Association—a wholesale destruction of some of the most valuable lives in our ranks, in the New England states, by the horrible catastrophe on the New York and New Haven railway.

Died—In Paris, March 12th *M. Orfila* æt. 66. He was well known as the author of works principally on Toxicology and Forensic medicine.

—— In Dublin, March 29th, *Robert James Graves, M. D.,* æt. 56.

—— In St. Louis, Mo., March 25th, *Dr. William Beaumont,* who has become extensively known through his researches into the Physiology of Digestion, and Experiments on the Gastric juice in the case of Alexis St. Martin. It is said that Dr. B. has within a few months endeavored to re-engage St. Martin for the purpose of resuming his experiments.

—— In London, about the 1st of April, *Dr. Richard Chambers*, a physician of worth and distinction.

—— In Southold, N. Y., April 6th, *Dr. Ira Corwin*, æt. 70.

—— In Mercer, Pa., on the night of Friday, April 8th, *G. W. Baskin, M. D.* Dr. B. was assassinated as he was about entering his house, by whom, or for what cause, is unknown.

—— In Brooklyn, April 13th, *S. B. Willey, M. D.*, æt. 46.

—— In Albany, N. Y., April 21st, *Lewis C. Beck, M. D.*, Professor of Chemistry in Albany Medical College, and of Chemistry and the Natural Sciences, in Rutger's College, New Brunswick, in this State.

—— At Dubuque, Iowa, April 22d, *Dr. George W. Richards*, a practitioner of eminence, and formerly Professor in Rush Medical College, Chicago.

—— At Portsmouth, Va., May 2d, *Dr. Cook*, well known as a Surgeon in the last war.

—— In Chambersburg, Pa., *Dr. Lane.*

AMERICAN MEDICAL ASSOCIATION.

Proceedings of the Sixth Annual Meeting, held in the City of New York, May 3, 4 *and* 5, 1853.

[We had made provision to obtain an account of the proceedings of the Association for the *New Jersey Medical Reporter*, as we did at Richmond last year, but finding that the Reporters of the New York press were procuring a full report, we have relied upon that. The following abstract is compiled principally from the *Daily Times* and the *Herald.*—Ed. N. J. Med. Rep.]

The American Medical Association held their Sixth Annual Meeting in the Presbyterian Church, Bleecker Street, the President, Dr. Beverly R. Wellford, of Va., in the Chair. The morning was occupied by the Committee of Arrangements, in receiving Delegates from the several States. At 11¼ A. M., the meeting organized, and the President congratulated the members of the Association upon the happy return of the anniversary, the thronged attendance of delegates from all parts of the Union, and the flattering prospects and advancement of the profession generally.

Dr. F. Campbell Stewart, Chairman of the Committee of Arrangements and Reception, before reading the list of Delegates, congratulated the Association upon the recurrence of its anniversary. Seven years had elapsed since the preliminary meeting of the Convention, which recommended the organization of this National Congress; and, as New Yorkers, the Committee indulged in feelings of proud satisfaction at the triumphant success which had attended so important a movement, originating in their State.

The labors of the learned body had been most arduous, but the result had not disappointed the expectations of the friends of reform and of progress in their profession. Mighty objects were aimed at; important achievements had already been accomplished; and a guarantee was afforded of the eventful fulfilment of the desires of those whose aspirations for the advancement and perfection of medicine, led them to propose the formation of this Association, which, representing the whole fraternity throughout our wide spread country, assembled annually, for scientific discussion, and to consult upon matters pertaining to the general welfare of the entire faculty. The five published volumes of their Transactions afforded abundant and conclusive evidence of the zeal by which they were actuated, and the ability which characterized the scientific labors of members. The meeting for this year had been generally anticipated with peculiar interest. An unusually large attendance had been expected. Numerous papers would be presented, and valuable reports were to be rendered; much of their time would be required for the consideration of subjects of grave importance. He assured them that their advent had been looked for anxiously, and their colleagues had been desirous to manifest their appreciation of the cause in which they were engaged, and their estimation of the favor conferred by the Association in selecting this metropolis as the place for holding the present session. In the name of the united Profession of New York the Committee tendered them a sincere, hearty, and cordial welcome to our City.

Dr. S. then called over the list of delegates, and announced that a majority were present.

The following table exhibits the representation of the States at this period of the proceedings:

States and Districts.	*No. of Delegates.*	*States and Districts.*	*No. of Delegates.*
New York,	132	Ohio,	7
Massachusetts,	44	Indiana,	8
Pennsylvania,	40	Missouri,	6
Maryland,	17	North Carolina,	2
New Jersey,	15	South Carolina,	10
New Hampshire,	11	Georgia,	3
Virginia,	14	Alabama,	2
Rhode Island,	12	Iowa,	1
Connecticut,	29	Delaware,	2
Kentucky,	5	Maine,	4
Michigan,	6	Vermont,	6
Illinois,	6	District of Columbia,	5
Tennessee,	3		
		Total number of delegates,	390

The Secretary announced that the following States were not represented:

States Unrepresented.—California, Florida, Louisiana and Mississippi.

The Vice Presidents and Ex-Presidents of the Association were requested to take their seats on the platform with the President.

On motion, a recess of fifteen minutes was taken to allow the Delegates to select one of their number from each State, as a Committee to nominate officers for the ensuing year.

Dr. Atlee, of Pennsylvania, moved that immediately after the report of the Nominating Committee, the President be called upon to read his address, but, at the request of Dr. Condie, withdrew his motion until the report of the Treasurer should be read.

Dr. Pope of Missouri, extended an invitation to the Association to hold their next Annual Meeting, for 1854, at St. Louis.

Dr. Condie, of Pennsylvania, said he was instructed to invite the Association to hold their next Annual Meeting in Philadelphia.

Dr. Hays, of Pennsylvania.—Sir, although I am acting, in some measure, contrary to the general sense of my delegation, I would say, and do now move, "that the Nominating Committee be instructed to report the city of St. Louis as the most fitting place for the next Annual Meeting. In doing this, however, I am far from forgetting the claims of Philadelphia, and I would beg of gentlemen to recollect the fact of my now voting in favor of St. Louis, and the early notice which I make in behalf of Philadelphia being selected as the city in which the Association will meet the succeeding year. (Applause.)

It was unanimously voted that the next meeting of the Medical Association be held in St. Louis, Missouri.

Dr. Condie, of Pennsylvania, as Chairman of the Committee of Publication, reported upon the sale and disposal of the first, second, third, fourth, and fifth volumes of the printed record of the Transactions of the Association, the number presented to kindred societies, the number sold, and the number remaining on hand. He wished to observe that the implied, and sometimes open censure, cast upon the Committee on account of a tardy issue of the books from the press was not deserved. The records were now voluminous, and much sought after. Under these circumstances, the present assessment of three dollars per annum was insufficient to have a work of such importance printed as speedily as the Committee would wish. To meet the emergency, he would move the following resolutions:—

First—That the assessment for the present year be increased from $3 to $5.

Secondly—That the Committee on Publication be authorized to decide upon what terms the printed record of the Transactions of the Association shall be furnished to members and others.

Both resolutions were read and adopted.

The Treasurer read the following Report—

Cash received from all sources during the year,	$1,905
Cash paid away during the year,	2,015
Balance due Treasurer,	$110

Dr. Condie—At other meetings of this body we have had a balance of cash in the treasury, but the present account shows a deficit. It is absolutely necessary that money be forthcoming. One of our most talented members, one of the highest ornaments of the profession, will read a paper which he has spent years in compiling, and which will do honor to the author and the country. The proper illustration of the paper, so as that it may be published as it should be, will cost one thousand dollars. If it were sent forth in any other style, it would be a disgrace to the Association. I had this matter in view when I proposed the increase of assessment. I would move that the Publication Committee furnish extra copies of the printed transactions of the Association to the chairmen of the different committees on epidemics, at the expense of this body. I am certain that the members will not object to give $5 for a volume which could not be bought by a private person or of a bookseller for that sum.

The Secretary read communications inviting the Association to visit University Medical College, the Anatomical Museum, and Bloomingdale Lunatic Asylum.

Dr. F. C. Stewart presented a report, recommending the admission of Dr. Marshall Hall of London, Surgeon Mower, U. S. A., Surgeons Bache, Pinckney, Brownell and Simpson, U. S. N., Drs. Leonard and Betton, Florida, Hon. Dr. Bartlett, N. Y. Senate, Dr. Harris, Canada, Dr. Rodder, Canada West, Drs. McIlvaine and Pittman, American Medical Society, Paris, to participate in the proceedings by invitation.

On motion of Dr. Cox, a Committee was appointed to wait on Dr. Marshall Hall, and conduct him to a seat on the platform.

DR. WELLFORD'S ADDRESS.

The President then read a lengthy and very able address. It was an eloquent exposition of the objects of the Association—a rehearsal of the good it had done, and an indication of certain modes by which it may do still more. The Society has been in existence some seven years. It grew out of a severely felt want of an organization of the scattered medical forces. A Convention assembled in this City, at the suggestion of the New York Medical Society, to take into consideration the condition of the profession, and to adopt some concerted action. Although the call was imperfectly circulated, about one hundred delegates from nineteen States of the Union responded to it by their personal presence. And they resolved to institute a National Association for the protection of their interests, the maintenance of their honor and respectability, the advancement of their knowledge, and the extension of their usefulness. In the untried circumstances of their early history, imperfections in the plan of organization were inevitable. The President advises careful and gentle revision, but deprecates all desultory innovations or sudden and radical changes.

There are those who affect to believe that the Association has hitherto effected nothing. In answer, the Doctor refers to the fact that it has aroused attention to the imperfections of medical cultivation—that it has demonstrated the necessity of raising the standard of medical acquirements, and done much through its potent leverage to raise the profession to its proper level. It has secured in many Colleges a lengthened course of lectures, encouraging the well-disposed to require of the candidates for graduation higher attainments in general and professional knowledge. It has stimulated professional ambition, and drawn out from quarters whence no other means would have elicited, it, highly important contributions to medical science. It was the action of the Association, in its early days, which directed the attention of the Legislatures of several States to the high importance of collecting and measuring their vital statistics. Following its suggestions, laws have been passed in New York, Massachusetts, Rhode Island, Connecticut, Michigan and Illinois, and we believe, in several of the Southern States—not always of the most practicable sort, or the best that could be devised, yet in every case highly honorable to the intentions of their framers, and likely to lead to more perfect systems—laws which provided for the registration of all the births, deaths and marriages within their several borders. In obedience of this recommendation of the Association, and in consequence of it, the Convention which recently sat in Virginia, for the purpose of amending the State Constitution, made the passage of a registration act obligatory on her Legislature. In compliance with that requisition a law was passed at its late session, the first under her new Constitution.

Another tangible and note-worthy result of the efforts of the Association, is the action of the Federal Government with reference to the adulteration of drugs. At the meeting in Baltimore in 1848, its attention was directed to the immense amount of adulterated and sophisticated drugs prepared in foreign countries, and imported into our own. Congress promptly responded to the recommendation of the Association, and in an act, approved June 26th, 1848, Inspectors were appointed, and the passage of any drug or medicine so adulterated or deteriorated as to be inferior in strength and purity to the standard established by the United States, London, Edinburg, French, and German Pharmacopeias and Dispensatories, positively prohibited. The Examiner of Drugs in the New York Custom House, within five months after this law went into operation, had condemned and rejected no less than 13,000 lbs. of rhubarb, 2,500 lbs. of opium, 7,200 lbs. of jalap, 1,414 lbs. of gum gamboge, 1,400 lbs. senna, 30,000 lbs. of spurious yellow bark, 3,000 lbs. iodine, and 1,700 lbs. of myrrh, all of which, but for this law, would have found its way throughout our extensive country, and to the bedsides of the sick and the suffering, to mock them with their inertness, or poison them with their unsuspected strength. A Senator in Congress well remarked that, if the National Medical Association had advised no other reform than this, its labors would entitle its members to the gratitude of its country. Dr. Edwards, who was employed by the Secretary of the Treasury to visit the principal ports and ascertain the working of the law, found them to be: 1. An elevation in the quality and purity of the medicinal agents imported. 2. An entire prevention of adulterated and deteriorated drugs, &c., from entry and use. 3. No embarrassment to the honest importer and dealer. 4. An increased revenue. 5. Protection to the medical profession and community, and increased confidence and a desire for the continuance and faithful application of the law. Spurious and adulterated articles are now almost entirely excluded from our markets, with the exception of home manufacture. Nor have these increased. Attention having been thoroughly aroused to the whole subject, adulterations cannot be practiced with impunity as formerly.

Much has been done, and yet it is only a beginning. The learned President next addressed himself to the task of indicating the points demanding immediate action.

The city affords advantages which the country practitioner cannot enjoy. In the city, professional men meet daily; every day they talk over affairs pertaining to their profession. The spirit of their company is kept alive; the ambition of the zealous is never permitted to flag. In the country it is otherwise; a professional consultation is only an occasional event, and anything like daily contact with friendly brethren is out of the question. Yet physicians are but men, and when all the talk of a village is of cattle and rich acres, and of politics, the physician talks of such things, too—grows rusty on medical matters, and becomes *au fait* on politics and farming. In some small degree to remedy this, let local medical societies be planted; and to facilitate their growth, the President advises the appointment of a committee to prepare a form of organization of both local and State Societies, and that its adoption be earnestly requested.

He calls attention to the very unsatisfactory state of things which allows a diploma to be considered equivalent to a license to practice, and indeed tolerates anybody as a practitioner who chooses to dub himself a doctor—favors the invocation of State legislation on the subject, and the establishment of Licensing Boards to be entirely distinct from all bodies that grant diplomas.

He invites a recommendation to the authorities charged with the duty, for such action as will shield the public from the home production of adulterated medicines. All that could be done to prevent the importation of these nuisances, the Federal Government has done; but there remains necessary such enactments by the several States as will make disreputable and unprofitable the business of preparing for the market inert medicines or drugs of a strength inferior to the officinal standard.

Dr. John A. Lamb, of Pennsylvania, is the only one who has been appointed under power of the resolution adopted in 1852, to travel in Europe, and report upon foreign medical affairs. With a touching tribute to the memory of Drs. Drake and Horner, members who have deceased during the twelvemonth, and a word of advice fitly spoken, the President concluded his Address.

Dr. Hays, of Pa., moved the thanks of the meeting be presented to the President for his elegant, appropriate and eloquent address, and requesting a copy for publication in the Transactions of the Association. Carried.

The Secretary read a resolution passed by the Medical Society of Virginia, recommending the appointment of a well-qualified chemist to analyze the most prominent nostrums of the day, and publish the results monthly in the leading newspapers of each State. Also, a communication from the President of the American Medical Society at Paris, appointing Drs. Pittman, Walton and McIlvaine to attend this meeting.

On motion of Dr. Atlee, the Committee on Publications were directed to send a full set of the Transactions of the Association to the Society at Paris.

A communication was received from Dr. Ramsay, of Georgia, inclosing documents on personal matter, which were laid on the table.

The Committee on nominations reported the following officers for the ensuing year:

For President—Dr. Jonathan Knight, of Connecticut.

Vice President—Drs. Usher Parsons, of R. I.; Lewis Condict, of N. J.; Henry R. Frost, of S. C.; R. L. Howard, of Ohio.

Secretaries—Drs. Edward L. Beadle, of N. Y.; and Edwin L. Lemoine, of Missouri.

Treasurer—Dr. D. Francis Condie, of Penna.

The Committee reported St. Louis, Mo., as the place to hold next annual meeting.

The report was adopted.

Drs. Couch, Watson and Atlee were appointed a Committee to conduct the President elect and other officers to their seats.

Dr. Knight on taking the Chair, returned thanks for the honor conferred on him.

Dr. Atlee, of Pa., moved a vote of thanks to the late President, Dr. Wellford, for his dignified, courteous, and efficient manner in the Chair. Carried unanimously, the members rising.

A vote of thanks was also passed to the retiring Secretary, Dr. Gooch.

On motion of Dr. Hopkins of Maryland, it was resolved that no member speak more than ten minutes on any subject at one time

Dr. Campbell Stewart moved that the Association do meet at 9 o'clock to-morrow morning and sit until 12, that a recess of an hour be then taken, and, after re-assembling, that the members sit from 1 to 4 o'clock in the afternoon. Carried.

Doctor Stewart submitted the following

PROGRAMME OF PROCEEDINGS.

Tuesday, May 3.—The Association will meet in the Presbyterian Church, Bleecker Street, East of Broadway and fronting Crosby Street, at 9 o'clock, A. M. Delegates will be received in the evening, at the houses of the following gentlemen:—

Governor Hamilton Fish, Stuyvesant Square, Corner of Second Avenue and Seventeenth Street; Dr. Isaac Wood, 68 East Seventeeth Street; Dr. Willard Parker, 195 Twelfth Street; Dr. G. P. Cammann, 109 Fourteenth Street; Dr. James R. Wood, No. 2 Irving Place, near Fourteenth street.

Wednesday, May 4.—Evening receptions by the following gentlemen:

Ex-Mayor A. C. Kingsland, No. 114 Fifth Avenue; Dr. Edward Delafield, No. 2 East Seventeenth Street; Dr. James Anderson, 30 University Place; Dr. William Detmold, 103 Ninth Street; Dr. Isaac E. Taylor, 828 Broadway.

Thursday, May, 5.—Delegates are invited to a public dinner, to be given to the Association by the medical profession of the City of N. Y., at Metropolitan Hall, at 7 P.M.

Friday, May 6.—Visit to the State and City Hospitals, and other public Institutions at Staten Island, Randall's Island, Ward's Island, and Blackwell's Island, per Steamboat Hero, from Pier No. 3, North River; near the Battery. The boat will leave punctually at 9 o'clock, A. M. The Association will be entertained by the Governors of the Almshouse, at Blackwell's Island. Evening receptions by the following gentlemen:

Dr. John C. Cheeseman, 473 Broadway; Dr. John Watson, 117 Tenth Street; Dr. Horace Green, 12 Clinton Place; Dr. Lewis A. Sayre, 705 Broadway.

It was was adopted.

The meeting then adjourned.

SECOND DAY—MORNING SESSION.

The Delegates met precisely at nine o'clock, in the Bleecker Street Presbyterian Church, pursuant to adjournment. The President, Dr. Jonathan Knight, was called to the Chair, and Drs. Beadle and Lemoine (newly elected,) acted as Secretaries. Dr. Beadle read the minutes of the meeting held upon Tuesday, the 3d inst., which were approved. The record showed that the name of Dr. Stephen H. Harris, California, had been omitted in the reported list of gentlemen invited by the Committee of Arrangements to occupy seats in the Association.

Dr. Cox, of Md., moved for a reconsideration of the vote adopting the minutes, to allow of a correction in the Special Report of Committee ot Arrangements, inviting Drs. Pinckney and Bache, U. S. N., to take part in the proceedings. These gentlemen had a right to sit as delegates from the Army and Navy.

Dr. Stewart explained, and read from the 2d article of the Constitution relating to delegates

Dr. Watson, of New York, stated they had always been received as delegates.

The motion to reconsider was put and lost.

Dr. Cox hoped the Association would not take any action that would give offence to the Army and Navy Medical Institutions. He moved that Drs. Pinckney and Bache be received as regular delegates.

Dr. Pinckney, U. S. N., asked to be heard, and claimed his right to a place as delegate, having been formerly received as such and signed the Constitution.

Dr. F. C. Stewart offered the following as an amendment to Dr. Cox's motion:

Resolved, As the sense of this Association, that under the present Constitution delegates can be received from the U. S. Army and Navy Medical Bureaus, when appointed by the Chief of the Army and Navy Medical Bureau.

The amendment was adopted.

Dr. Stewart from the Committee of Arrangement, reported that several members had registered their names since the report of yesterday.

Dr. Cox, of Md., proposed Dr. Borland, of Arkansas, as a member by invitation.

Dr. Spencer proposed Dr. Hurd, of New York, but on explanation from the Chair, withdrew the proposition.

The President stated that the next business in order was the reading of

STATED REPORTS FROM STANDING COMMITTEES.

Dr. C. D. Meigs, of Philadelphia, presented a report on "Acute and Chronic Diseases of the Neck of the Uterus," with a request that it should be referred to Committee on publication without reading.

The report was adopted without reading.

Dr. Coventry, of New York, moved for a suspension of the order of business, to take up the subject of proposed amendments to the Consitution.

Dr. Cash, of New York, moved that the resolution be laid on the table, and the regular order of business be proceeded with. Carried.

The following reports were then called—

Report—On the Causes of Tubercular Disease—Doctor D. F. Condie, of Pa., said that the Committee was not prepared to report at the present Convention meeting.—They had considered the subject very attentively, and the more they did so the more a new light broke upon them, until they began to doubt the orthodoxy of many of the received opinions regarding tuberculosis, its causes, and the proper course of medical treatment to be pursued. An abundance of material was furnished—in fact, the report was almost ready; but he had such onerous duties to perform during the year, both as Chairman of the Committee and Treasurer of the Association, that it was utterly impossible that he could compile it in proper shape. He made this explanation, lest the Committee should be accused of indolence in the matter.

Dr. Atlee, (Pa.,) moved that the explanation be accepted, and the Committee continued to the next session of the Association.

A delegate inquired if they would then report?

Dr. Condie thought so, but could not make a positive promise. If he did so, and

and were prevented from performing it, he should feel mortified before the convention. The Committee was continued.

Report—On the Mutual Relations of Yellow and Bilious Remittent Fever; by Dr. James Jones, of New Orleans. Committee not prepared.

Report—On Epidemic Erysipelas; by Dr. R. S. Holmes, St. Louis, (Mo.,) Dr. Holmes not present.

Report—On Acute and Chronic Diseases of the Neck of the Uterus; by Dr. Charles D. Meigs, Philadelphia.

Professor Meigs presented a voluminous report, which he said he did not wish that the Association should give to the newspapers, as then it would get out of the "family." The report was received and referred to the Committee on Publication,

Report—On the Agency of Refrigeration produced by the upward Radiation of Heat as an Exciting Cause of Disease; by Dr. G. Emerson, of Philadelphia.

Dr. Emerson gave a synopsis of the report of the Committee relative to their view of the theory of diseases caused by exposure to wet, damp, cold, malaria, and other agencies of this class; the different susceptibilities of the system when the body is entirely exposed to their action, or when radiation is interrupted by ever so thin a shade; the fallacy of lunar influences in exciting diseases; the extent of radiation upon clear nights; the reasons of the difference in the amount of diseases from the above causes in the city and country. The Doctor explained the tendency of the ideas of the Committee, when the report itself was accepted, and referred to the Committee on Publication.

Report—on Typhoid Fever; by Dr. F. H. Campbell, of Augusta, (Ga.)

Dr. Campbell said he was not aware, until too late an hour to do so, of the fact that a written synopsis of each report was required by the rules of this Association. If permission were granted, he would make a verbal one, and explain to the convention the views he had taken regarding this class of fever. The permission was granted.

Dr. Campbell—I have, sir, little experience in the actual treatment of typhoid fever, as it rarely prevails in the district where I am located. I have therefore given a condensed history of the existing pathology regarding it, set forth by other writers, accompanied with my own opinion that the disease lies and has its origin in the ganglionic system of nerves. If you divide some of the superior branches of these nerves, there is an immediate eccymosis of the eye different from the ganglionic congestion observable during typhus fever. I have called attention to the existence and causes of the maculated spots which appear upon the surface in the one variety of fever and extend through the alimentary canal in the other; and reason that the latter morbid appearances are the result of the diseased ganglionic plexus extending from the superior cervical vertebræ through the vertebral column to the ganglions of the sacrum. In rereferring typhoid fever to this cause, I have recorded the appearances presented in the pharyngeal plexus the larynx, œsophagus, stomach and duodenum, (which is separated in a great degree from the influence of the cerebro-spinal system), and I have then pointed out the existence of the ulcerations of the lower portion of the illium, and to a great extent, as a reason for my belief. I have traced the different appearances observed in typhus fever. I have examined the theory of Woods upon the deficiency of fibrin in the blood, and endeavored to show that typhus and typhoid fevers are quite distinct diseases.

The synopsis was received with loud applause, and the report referred to the Committee on Publication.

Report—On the Epidemics of New Jersey, Pennsylvania, Delaware and Maryland; by Dr. John L. Atlee, Lancaster, Pa. Dr. Atlee could not report, from the want of personal practice in his district since the Convention met last, and also from the fact that gentlemen residing in different sections of the States named had not sent the result of their experience to him. New Jersey was so healthy that they had no epidemics since the Richmond Convention. He found that you may as well attempt to move the iron mountain of Missouri as endeavor to get medical men to commit their remarks to writing. There was, therefore, a lack of material. He hoped the Committee would be excused. Committee excused and continued.

Prof. Palmer, Chicago, moved the following:

Resolved, That this Association earnestly recommend to the local Societies in different portions of our country, to appoint Committees, whose duties it shall be to record the prevalence of epidemic or other diseases, and the general state of health in their respective localities, and to transmit said reports to the Committees of the Society on epidemics, through the State Societies where they exist.

Resolved, That the Secretaries be requested to secure a wide publicity to the above resolutions, by such means as they may deem proper.

The resolutions were adopted.

Dr. Wellford announced that Dr. Haxall, of Virginia, Chairman of Committee on Epidemics in Virginia and North Carolina, and Dr. Bolling, of Alabama, on Epidemics in South Carolina, Georgia, Florida and Alabama, had resigned their seats as Chairmen of such Committees.

Report—On the Epidemics of Tennessee and Kentucky; by Dr. W. L. Sutton, of Georgetown, Kentucky.

Dr. Sutton sent in his synopsis, which was read. Cholera, bilious fever, dysentery, typhus and typhoid fevers, cholera infantum, and other diseases appearing in the different districts of the two States periodically, were treated under ten different heads.

Report referred to the Committee on Publication.

Dr. Pitcher, of Michigan, presented a report on the subject of Medical Education, which he was requested to read at length. The report was a long and able document, containing many valuable suggestions to prevent the spread of quackery, and on the best means of training the medical student. The Committee proposed that all candidates for degrees shall have studied at least three years, and recommend the extension of lecture seasons to six months. The Committee repeated their high opinion of the benefits to be derived by students from bed-side experience, as superior to lectures and flitting Hospital visits, and suggested a supplementary school of practice. The Committee asked leave to conclude their report by presenting the following resolutions:

Resolved, That the Association re-affirm its formerly expressed opinions, on the value and importance of general education to the student and practitioner of medicine, and that it would gladly enlarge its rule on this subject, so as to include the Humanities of the schools, and the Natural Sciences.

Resolved, That in the opinion of this Association, a familiar knowledge with the elements of Medical Science should precede Clinical instruction.

Resolved, That in order to accomplish the latter, the Hospitals when elevated to the rank of Schools of Practice and the intelligent private preceptor, are the most efficient instrumentalities to be used for that purpose.

On motion of Dr. Atlee, the report and resolutions were adopted.

The Committee on Volunteer Communications reported, through Dr. Joseph M. Smith, of New York, upon the number of contributions received. Dr. Smith said that the committe had awarded one prize of $100 to Dr. Waldo J. Burnett, of Boston, Mass., for his treatise upon "The Cell; its Physiology, Pathology, and Philosophy"—adding: "*Natura in minimis maxima esset.*" (Cheers.)

Another prize of $100 had been awarded to Dr. Washington L. Atlee, of Philadelphia, for his treatise upon "The Surgical Treatment of Fibrous Tumors of the Uterus." Dr. Smith added: "*Palmam qui meruit ferat.*" (Cheers.)

Dr. Alden March, of New York, made a verbal abstract of his paper on "Diseases of the Hip Joint," which was favorably reported on by the Committee; and on motion of Dr. L. A. Smith, he was requested to read the paper, during recess to-day, in Crosby street Medical College.

Dr. Atlee, of Pennsylvania, called the attention of the delegates to the following preamble and resolution, passed at his instance, upon the 7th of May last, in the Richmond Convention.

Whereas it is the duty of patriotism to do homage to those who have been benefactors to their country; and whereas the medical profession in the United States, heretofore not wanting in patriotic feeling or action, desire to co-operate with the other public bodies and institutions of the country in rendering their profound reverence to the memory of him who was 'first in peace, first in war, and first in the hearts of his countrymen.'

Be it therefore resolved, That a Committee of five be appointed, whose duty it shall be to solicit subscriptions from members of the American Medical Association, for the purpose of procuring a suitable stone, with an appropriate inscription, for insertion, in the name of this association, into the National Monument to the memory of Washington, now in progress of erection at Washington city.

The resolution was re-affirmed with applause, and many subscriptions will be paid to the Treasurer for the purpose. Here the delegates took a recess until half past one o'clock in the afternoon.

Dr. Blatchford, of New York, offered the following:

Resolved, That the suggestions in the President's Address, touching the licensing power, be referred to a Committee of five, of which Dr. Wellford shall be the Chairman, to prepare some plan whereby the subject may be brought fairly before the Profession, and, if deemed advisable, that the Legislatures of the several States may be memorialized to carry out the recommendations of this Association—the Committee to report at the next meeting of the Association.

Dr. Garrett, of Washington, D. C., proposed the following as an amendment;

Resolved, That a Committee of five be appointed by the President of this Association, to prepare a Memorial to the Legislative bodies of the several States of the Union, praying that a law be passed prohibiting the Faculty of any Medical Institution which may at present exist, or which may hereafter be established within the limits of said States, from conferring the degree of Doctor of Medicine upon any candidate for graduation who has not previously graduated at some literary institution, or who, upon examination by a competent Board, is not found to possess a good English and Classical education.

Resolved, That regarding the present term of preparatory study adopted by the Medical Colleges of the United States, too limited to enable students of medicine to acquire such a competent knowledge of the profession as should entitle them to receive the degree of Doctor of Medicine, a recommendation be incorporated in said Memorial, that some Legislative action be also had upon this subject.

Resolved, That it be the duty of the President and Secretary of this Association, to transmit, through the Executive heads of each State, a copy of said Memorial to their respective Legislative Assemblies, and that a Circular be addressed to the members of the Medical Profession, resident at, or convenient to the seats of Government of the several States, requesting them to use every practicable exertion consistent with the honor, dignity, and good repute of the Profession, to procure the passage of a law in accordance with the foregoing resolution.

AFTERNOON SESSION.

Dr. Jonathan Knight in the Chair. The business of the afternoon session was commenced by the reading of a communication from Dr. Griscom, of the New York Hospital, inviting the members of the Convention to visit that institution this morning, at 10 o'clock.

The Chairman of the Committee of Arrangements then being called upon to report, stated that seventy additional delegates to the Convention had arrived this day, whose credentials had been examined and found to be correct.

The following gentlemen were then, upon motion of the Chairman of the Committee of Arrangements, elected members of the Convention by invitation:—Dr. Robert R. Hadley, of Beyroot, Syria; Dr. James G. Cooper, of Washington Territory, U. S., and Dr. H. Williams, from Southern Illinois.

Dr. Charles A. Lee, then offered the following resolutions:—

Resolved, As the sense of this Association, that those Medical Colleges which give two courses of lectures annually, each of which counts as a separate course, have virtually violated and forfeited their Charters, which do not contemplate but one annual session, (thus making two Colleges out of one.)

Resolved, That the practice in question is calculated to lower the standard of attaintainment in the Profession, and subjects those who countenance it to the imputation of acting from mercenry motives.

Resolved, That no Delegates shall hereafter be received by this Association, from any Medical Schools which give two courses of lectures annually; each of which counts towards a degree.

On motion of Dr. Atlee, of Pa., the resolutions were laid on the table.

Dr. Stewart read the following resolutions, offered by Dr. Stephen W. Williams, of Mass., a permanent member.

Resolved, That the thanks of this Association be presented to Dr. Winslow Lewis, of Boston, a member of the Massachusetts Legislature, for the bill which he has presented and endeavored to sustain, providing that "no druggist, apothecary, or person engaged in manufacturing medicines, or compounds to be administered as medicines (except such as are published in standard works of chemistry, materia medica, or pharmacopœia,) shall offer the same for sale in any way, till he has filed a complete recipe in English, sworn to before a legal authority constituted for snch purpose."

2. *Voted*, That a Committee be appointed by this Association for the purpose of petitioning Congress and State Legislatures to enact regulations and laws similar to the above.

Also, as we are constantly called upon to deplore the ravages of death among the illustrious and worthy members of our profession throughout the United States,

Resolved, That a Standing Committee be appointed by this Association, to procure memorials of the eminent and worthy dead among the distinguished physicians of our country, both in and without the pale of this Association, for publication in their transactions.

The first resolution, relating to Dr. Lewis, was adopted.

To the third, Dr. Cox, of Mo., moved an amendment, confining the memoirs to distinguished members of the Association.

Dr. Morgan, of Washington, thought the Association would not be able to meet the increased expense such an addition to their transactions would cause. He moved to lay on the table. Carried.

Dr. Buck, N. Y., read a paper on morbid growths within the larynx, and exhibited a specimen, with report of the case. Referred to Committee on Publications.

Dr. Mitchell here proceeded to speak of the various difficulties and grievances under which the physicians and surgeons in the navy labored, and recommended the Convention to take some measures for their relief. Although they occupied an important position in that branch of the service, yet he did not think they received that consideration to which they were justly entitled. He thought the faculty were bound to protect their medical brethren in the navy. He concluded by presenting the following resolution, which was, after considerable discussion, adopted:—

Whereas, the claim of naval medical officers to defined rank, assimilated with the grades of officers of the line of the navy, has not yet been decided upon by Congress; therefore,

Resolved, That the President of this meeting appoint a Committee of three, which is hereby instructed to communicate to Congress, through the presiding officer of each House, at the commencement of the next session, an expression of the interest felt by the American Medical Association of the United States for their professional brethren employed in the navy, as set forth in the resolutions unanimously adopted at several sessions of this body.

The Committee appointed consisted of the President, Dr. Mitchell, and Dr. Stevens.

The following resolution was presented by Dr. Hooker, of Connecticut, and adopted unanimously:—

Resolved, That the delegates from the several States be requested to appoint Committees, who shall aid the Committee of Publication in procuring subscribers, and in distributing the annual transactions of this Association.

Dr. Holton presented the following resolution:

Resolved, That the medical department of the University of Michigan, by its co-operation with the efforts of this body to elevate the standard of medical education, especially in regard to its preliminary studies, and an extended term of instruction, has entitled itself to our warm commendation and hearty support.

A discussion ensued in which Drs. Palmer and Bolton, contended for the resolution, and Dr. Hooker, Connecticut, and others, against it.

Dr. Cox, in reply to the above resolution, said he did not wish to cast the slightest imputation upon any school; neither did he desire to make invidious distinctions between any schools. He hoped that no such action would be taken as that proposed by the resolution.

Dr. W. Hooker said, in regard to the resolution, he believed that the University of Michigan had a high vocation in promoting the learning of medical science in this country; but he thought they would succeed better without the assistance of the Association. It would be to their credit and advantage to keep themselves from competition with the medical faculty throughout the land. If they are capable to form this high vocation of themselves, then they need no advertisement from the Association.

The resolution was withdrawn.

Dr. Mauran presented the following report, in relation to the necessity of each emigrant ship being provided with a surgeon:—

The undersigned, Chairman of a Committee appointed by the American Medical Association, to memorialize Congress upon the importance of enacting, as an act of duty and humanity, a law making it obligatory upon all vessels conveying emigrants to have a regular surgeon on board, respectfully reports: That the memorial signed by all the members of the Committee, the President and Secretaries of the Association, was, through the medium of the Hon. A. P. Butler, Senator from South Carolina, presented in May, 1852, and was referred to the Committee on Commerce. It is with much regret that the undersigned has to report that the Committee on Commerce, having, it is presumed, other subjects of a much graver import in a pecuniary point of view; but surely not in a humane and philanthropic one made no report. It was not contemplated that any action would have been taken on the subject, at the late period of the session of 1851; but sanguine hopes were entertained that some report would have been made in the session of 1852. The undersigned, in common with every good citizen, has a respectful consideration for their legislators and public functionaries, but must honestly confess that the legislation growing out of outward pressure, for ulterior purposes of individual or political aggrandizement, renders it difficult to have such prompt and efficient action as should be reasonably expected upon questions involving sacrifice, advancement or objects of Hygienic improvement. The undersigned, however, is fully impressed that no intentional disrespect was meant by the Committee on Commerce in allowing the memorial to remain in their archives unnoticed; and now that the presidential election, and other collateral subjects, incidental or having a bearing thereto, are settled, it is but reasonable to suppose that the Senate and House of Representatives would consider any measure as regards science or medical association; and likewise, if possible in legislation, adopt the same. There has been every assurance given to the undersigned, that the measure will have a proper consideration at the next session of Congress, and therefore he asks that the Committee be continued, and considered as reporting progress.

THOS. Y. SIMONS, M. D., Chairman.

The foregoing report was accepted, and the Committee directed to prepare a memorial to Congress.

The following report was then presented:—

The undersigned, Chairman of a Committee of the American Medical Association to memorialize Congress in accordance with a resolution of Dr. Fulton, of Georgetown, Kentucky, to have the medical statistics of the United States census printed separately, for the use of the medical profession, respectfully reports:—

That a memorial was drawn up, and signed by the Committee and the President and Secretaries of the American Medical Association, and was placed in the charge of the Hon. Dr. Jones, a member of the Association, and of Congress, to be presented to the House of Representatives. From information received from him, it seems, among other objections, a grave one was offered, viz:—the want of scientific arrangements, and the unreliability of the returns in general. In other words, that they were of such a character as to add little to the usefulness of the profession or the honor of the country. The undersigned, respectfully, on the present occasion, calls the attention of the members of the Association to the great importance of using their best influence to induce the legislatures of their respective States to establish a registration of births, marriages and deaths; a measure of incalculable value as regards vital statistics. The experience and gradual progressive improvement in the reports of Massachusetts, clearly demonstrate that while at first they were comparatively imperfect, yet much information was obtained, and every year the reports have become more satisfactory. THOS. Y. SIMONS, M. D., Chairman.

This report was also accepted, and the Committee requested to prepare a memorial to Congress on the subject.

Dr. Peaslee, of New Hampshire, offered the following resolution, which he accompanied with a few brief and appropriate remarks:—

Resolved, That it is the duty of the faculties to refuse to admit to examination, for the degree of Doctor, all persons who intend to engage in any other than the regular practice, and to give notice of this in their annual course of lectures.

Dr. Sayre said he thought the resolution was not calculated to effect the object it had in view. The best way, in his opinion, was to withdraw the diploma after it had been given, and in the event of its being used for the advancement of quackery. In conclusion, he moved the following resolution as an amendment:—

Resolved, That a Committee be appointed to memorialize the several State governments, in reference to the subject of diplomas to medical men, and to petition them, in the name of the Association, for the passage of a law granting chartered medical colleges the privilege of retracting publicly the diplomas of any of their graduates, when, in the judgment of the medical faculty of the college or school granting such diplomas or certificates, they may have forfeited a right to the same.

A warm discussion ensued, in which Drs. Hooker, Conn., Atlee, Pa., Peaslee, and others, took part.

On motion of Dr. Gooch, the resolution and amendment were laid on the table, and the Association adjourned to Thursday morning, at 9 o'clock.

THIRD DAY—MORNING SESSION.

Dr. J. M. Smith, New York, Chairman of the Committee on Nominations, requested the Committee to meet at his residence, No. 65 Bleecker Street.

Dr. Stewart, Chairman of Committee on Arrangements, reported the names of several delegates who had registered since last report.

Dr. W. Hooker, Connecticut, offered the following, which was adopted:

Resolved, That a Committee of Five be appointed, whose duty it shall be, in compliance with the suggestions of our late President, Dr. Wellford, to report our plans of organization for State and County Societies, and that the Committee be requested to report, if possible, during the present meeting of the Association.

Dr. Ziegler, of Pa., offered a preamble and the following Resolutions, which were referred to Committee on organizing State and County Societies.

Resolved, That the American Medical Association hereby reiterate the repeatedly previously expressed desire for the immediate formation and organization of County and State Medical Societies in every part of the country in which they have not yet been established.

Resolved, That every County Medical Society be and is hereby recommended to dispense with the present system of acquiring members by the previous pro-formal manifestation of personal desire on the part of applicants for such association, and to substitute therefor that of the immediate and voluntary election to membership therein, of every unassociated eligible physician.

Resolved, That all physicians thus voluntarily elected, and subsequently neglecting or declining to respond to and unite themselves with the general profession, shall be considered as estimating their own personal views, and private relations and interests, above and in opposition to those of the profession generally, and, as thus antagonistic to its exalted objects, cannot therefore consistently expect the continued enjoyment of the usual rights and privileges of professional intercourse and fellowship.

The Secretary read a notice, requesting delegates from any States which were not represented on the Committee on Nomination, to elect representatives, to sit with the Committee at 56 Bleecker Street.

Dr. N. S. Davis, of Illinois, reported at length, and lucidly, on the Medical Literature of 1853. There are now published in the United States twenty-eight medical periodicals, of which four are issued quarterly, six bi-monthly, fifteen monthly, two semi-monthly, and one weekly. One of the monthlies is published in the German, at New York, and one in French, at New Orleans. Of the aggregate number of pages published, about one-half were original matter. This aggregate consists of the record of cases occurring under the observation of their writers, of which a very large proportion lose their value for lack of that fullness of detail and scope, which are essential to make them reliable data for the abstraction of practical deductions—articles embodying the statistical results of certain diseases and surgical operations, and Essays on special subjects, and the details of experimental inquiries—of all which classes, some of the more important specimens were named in the report. It is believed that a decided improvement has taken place in this department of medical journalism during the past year. It is shown most distinctly in the most frequent reports of the use of the microscope and its application to physiological and pathological researches. But the report scores the journals for an abundance of material furnished of another order—crude, ill-digested essays, illogical, incomplete and consequently mischievous articles—which serve to advertise their writers' names and residence, and, unwittingly, their ignorance.

The Review department of our medical periodicals is of all the most defective. There are a few honorable exceptions, but the large majority afford little more than a few meagre pages of bookseller's notices, serving to advertise the work whose title is given, and seldom affording any impression whatever of the character and contents of the book named.

The number of journals in this country is greater in proportion to the population than in any other. Whether we are gainers in their quality from this fact is very questionable, but this at least, it secures a greater number of professional readers. A very copious contribution to our medical literature is made in the form of the transactions of the State, County, and other Medical Societies; the report hints that their character is decidedly superior to that of the average of the original papers contributed to the journals.

Among the more valuable monographs that have issued from American authors during the year, are the treatises of Dr. Swett on the Chest; Dr. Flint on Continued

Fever; Dr. Edward Coale, on Uterine Displacements; Dr. H. H. Smith's Operative Surgery; Dr. Piper's Illustrated Surgery; Dr. Horace Green's Polypi of the Larynx and Œdema of the Glotis; Dr. Biddle's and Dr. Tully's Materia Medica; Dr. Dickson's Life, Sleep and Death, and Dr. Mackall's notes on Carpenter's Phisiology. Besides these, many new editions of standard American works, and the revision and translations of many of foreign origin, shows that there is no lack of patronage of our home literature, nor a lack of readers for professional works, either domestic or foreign. In matters of minutæ, in the details of analysis and of nice scientific discrimination, we have looked abroad for our medical teachings. But in the details of practice, in bold, independent invective, and energetic thinking on medical topics—we are not copyists —nor in any respect imitators.

The defects of our medical literature are very obvious, and readily traceable to their causes; to wit, a lack on the part of medical writers, of sufficient preliminary education, the absence of clear and definite perceptions of the fundamental principles of physiology and pathology, defective modes of investigation, and the epidemic haste shared by them with all other writers in our country, with which their productions are surrendered to the press. These difficulties will be remedied when the public sentiment of physicians has become what it ought to be; when medical critics are honest in expressing their convictions, and medical men avail themselves of the benefits that must accrue from the organization of their forces into local, State and National Associations.

The following he indicated as the principal means of advancing the standard of Medical Literature: 1. To adopt such means as would be calculated to encourage preliminary study on the part of students. 2. Greater strictness on the part of Medical Colleges in their examinations. 3. Offering premiums for the best original Medical Essays, by State and County Medical Societies. 4. Formation of Medical Libraries. 5. To labor for an International Copyright. The future is bright for us, the past full of eloquent lessons. If we heed them and do for the future what we ought, American Medical Literature will yet attain to an elevation corresponding with our country's social and political destiny.

The Secretary read a communication from Robert Kelley, Esq., inviting the Associciation to visit the House of Refuge, for reformation of juvenile delinquents.

Dr. S. Jackson, of Pennsylvania, stated that he had received a paper from a gentleman, on Electricity, as applied to predictions of meteorological changes.

Dr. McNorton moved to refer to Committee on Spirit Rappers. [Laughter.] Laid on the table.

Dr. Yandell, of Kentucky, offered the following, which was adopted:

Whereas, By the dispensation of an inscrutable Providence, Dr. Daniel Drake has been removed since the last annual meeting of this Association from the scene of his earthly labors—

Resolved, That in the death of Dr. Drake the American Medical Association has lost one of its most honored members, and the American Medical profession one of its brightest ornaments.

Resolved, That his steady devotion to his profession through a long life, his zeal, activity, and unceasing efforts to advance its interests, afford an example worthy of the imitation of every young physician.

Resolved, that this Association will cherish the memory of Dr. Drake for his many virtues, and for his labors which have adorned and elevated our profession.

The resolutions were adopted by a rising vote.

The President read a resolution, offered by Dr. Cleveland, of Vermont, calling for the appointment of a Committee to investigate the value of Galvanism as a therapeutic agent.

On motion of Dr. Gooch, the resolution was referred to Committee on Nominations.

Dr. Wellford, of Virginia, stated that the State of Louisiana, was not represented, and moved that Dr. Douglass, of Louisiana, who was present, be invited to take his seat as a delegate from that State. Carried.

On motion of Dr. Palmer, of Virginia, the resolution offered yesterday from the Virginia Medical Society, recommending the appointment of a Chemist, and laid on the table, was taken up for consideration.

Dr. Parker, of Virginia, offered the following as an amendment.

Resolved, That this Association recommend Congress to consider the propriety of passing a law compelling all importers of nostrums to state upon all compounds thus imported their true constituents, and in English.

Resolved, That the Secretary be instructed to forward a copy of these resolutions to the Executive of the general Government.

An amendment to strike out the word "English," was accepted.

The first resolution was read by the Secretary.

Dr. Bond, of Baltimore, objected to the resolution, because it could do no good, and was likely to do a great deal of injury. He moved to lay on the table, but withdrew it to allow discussion.

Dr. Hooker, of Connecticut, said the facts from the State of Maine would answer the objections of Dr. Bond. An act had been passed there, which was found to be a death-blow to this system of quackery. But on petition of the people and clergy who were in favor of encouraging it, the law was repealed. He wished parties to know what they swallowed.

Dr. Sayre, of New York, said that every notice that was taken of any such quackeries only tended to advertise them, and could accomplish no useful purpose. He proposed to lay on the table. Lost.

Dr. Cox, of Maryland, never knew any good to follow prohibitory measures against Quackery. In the State of Maryland a set of quacks known as Thompsonians, flourished under prohibitory legislature, and died away when given every freedom and latitude. He believed the surest death blow to Quackery was to treat it with contempt and silence. It was unworthy of any grave notice from this Association. He believed the true remedy against Quackery was to be found in attention to their Association.

Dr. Bolton, of Virginia, drew the attention of the Association to a resolution passed yesterday, thanking Dr. Winslow Lewis for his efforts in supporting a bill before the Massachusetts Legislature. There was a mistake in thinking that the resolution proposed to prohibit the sale of these quack medicines; it only proposed that the ingredients of which they were composed should be set forth on the label. This would divest the medicine of the great charm of mystery, which gave them such importance in the minds of the public. They would see that for a few pence they could procure some simple medicine; which was the chief ingredient in the expensive bottle.

Dr. Richards, of Ohio, and Dr. Jackson of Massachusetts, followed in opposition to the resolution. The analyzing of these nostrums, by order of the State, would be giving a sanction to their sale.

The reading of the resolution was called for, and a vote taken.

President.—The nays are the loudest; whether they are the more numerous, I cannot say.

The House was counted and the resolution laid on the table.

Dr. Condie, of Pennsylvania, and Dr. Cox, of Maryland, offered the following resolutions, which were adopted by a rising vote.

Resolved, That we have heard with sincere regret of the death of our late fellow member, Dr. Isaac Parrish, of Philadelphia, who was distinguished by his early and earnest advocacy of the establishment of this Association, by his ardent interest in its proceedings, and by his valuable contributions to its published proceedings.

Resolved, That in the demise of Dr. William E. Horner, which has occurred since the last annual session of this body, the American Medical Association has lost one of its illustrious and useful members; and the science of medicine, an indefatigable student and most distinguished teacher.

Resolved, That the memory of the gifted subject of the resolutions, dear as it must ever be to the lovers of medical science universally, will be especially cherished by this Association, to whose great objects and aims, his last efforts were during life, promptly and liberally bestowed.

Dr. Condie, of Pa., replied to inquiries received, in reference to back numbers of the Transactions.

Dr. Yandell, of Ky., presented a report received from Dr. S. D. Gross, Ky., on the results of Surgical operations for the relief of Malignant diseases, which was referred to Committee on Publication. Dr. G. read a brief abstract.

From the facts and statements which have now been presented, embracing the opinions of many of the most intelligent, experienced and distinguished practitioners in different ages, and in different parts of the world, the following conclusions may be legitimately deduced:

First—That cancerous affections, particularly those of the mammary gland, have always, with a few rare exceptions, been regarded by practitioners as incurable by the knife and escharotics. This opinion, commencing with Hippocrates, the father of medicine, has prevailed from the earliest records of the profession, to the present moment. Nature never cures a disease of the kind; nor can this be effected by any medicine, or internal remedies known to the profession.

Secondly—That excision, however early and thoroughly executed, is nearly always, in genuine cancer, followed by relapse, at a period varying from a few weeks to several months, from the operation.

Thirdly—That nearly all practitioners, from the time of Hippocrates to the present day, have been, and are still averse to any operation for the removal of cancerous tumors, after the establishment of ulceration, rapid growth, firm adhesion, organic change in the skin, lymphatic invasion, the cancerous dyscracy, or serious constitutional derangements; on the ground that, if had recourse to, under these circumstances, the malady almost inevitably recurs in a very short time, and frequently destroys the patient more rapidly than when it is permitted to pursue its own course.

Fourthly—That in all cases of *acute* carcinoma, or, in other words, in all cases of this disease, attended with very rapid development and great bulk of the tumour, extirpation is improper and unjustifiable, inasmuch as it will only tend to expedite the fatal result, which, under such circumstances, always takes place in a very short time.

Fifthly—That all operations performed for the removal of encephaloid cancer and its different varieties, are more certainly followed by rapid relapse than operations performed upon schirrus or hard cancer.

Sixthly—That in nearly all the operations for cancerous diseases, hitherto reported, the history has been imperfectly presented, being deficient in the details which are necessary to a complete and thorough understanding of the subject in each case. This remark is particularly true in reference to the diagnosis of the malady, the minute examination of the morbid structure, and the history of the case after the operation, as to the period of relapse, the time and nature of the patient's death, and the result of the post-mortem examination.

Seventhly—That cancerous affections of the lip and skin, now usually described under the name of cancroid diseases, are less liable to relapse after extirpation than genuine cancerous maladies, or those which are characterized by the existence of the cancer cell and cancer-juice.

Eighthly—That, although practitioners have always been aware, from the earliest professional records, of the great liability of cancer to relapse after extirpation, a great majority of them have always been, and still are, in favor of operation in the early stage of the disease, especially in schirrus, before the tumor has made much progress, or before there is any disease of the lymphatic ganglions, or evidence of the cancerous cachexy.

Ninthly—That many cases of tumors, especially tumors of the breast and testicle, supposed to be cancerous, are in reality not cancerous, but of a benign character, and consequently, readily curable by ablation, whether effected by the knife or by escharotics. It is to this circumstance that we must ascribe the astonishing success which is said to have attended the practice of Hill, of Scotland, Nooth, of England, and Flajani, of Italy.

Tenthly—That all operations insist upon the most thorough excision possible; removing not merely the diseased mass, but also a portion of the surrounding and apparently healthy tissues, as well as the enlarged and indurated ganglions.

Eleventhly—That the practice has always prevailed, and still obtains, to save, if possible, a sufficient amount of healthy integument to cover the wound, and if possible, to unite it, by the first intention; on the ground that these precautions will tend much to retard, if not to prevent, a recurrence of the disease.

Twelfthly—That much stress is laid by writers upon a properly regulated diet, and attention to the bowels and secretions after operation, as means of retarding and preventing relapse.

Thirteenthly—That there is no remedy, medicine or method of treatment which has the power, so far as we are enabled to judge of its virtues, of preventing the reproduction of the morbid action after operation, no matter how thoroughly it may be performed.

Fourteenthly—That life has occasionally been prolonged and even saved by operation after relapse, as in some of the remarkable cases mentioned in a previous part of this report; but that, as a general rule, such a proceedure is as incompetent to effect a permanent cure as a first extirpation.

Dr. Bryan, of Pa., rose to correct a statement made yesterday, by Prof. Jackson, that a young gentleman had been allowed to graduate in Philadelphia Medical College, after two weeks study.

Prof. Jackson, stated that he had received the information from a gentleman whom he named, and had used it as an illustration of his argument.

Dr. Gooch, called up the subject of the graduating pledge, proposed by Dr. Peaslee, of New Hampshire last evening, and laid over, and proposed the following resolutions:

Resolved, That this Association earnestly recommends to all the respectable Medical Colleges of the United States to administer to their graduates, previous to their receiving the diploma, some pledge that they will maintain, to the best of their abilities, the honor and dignity of the profession; and that they will forfeit their degrees, whenever they desert the Orthodox system of medicine.

Resolved, That the schools be urged not to graduate any man without requiring him to read the National Code of Ethics, and publicly give his consent to abide by it, and they will reserve to themselves the right to withdraw the diploma, publicly, whenever the graduating pledge has been violated.

There are, said Dr. G., two schools which have already adopted such rules. Unfortunately, as things stood, gentlemen were allowed to graduate on payment of their fees without knowing there was such a thing as a "Code of Ethics" in existence, and permitted to go forth among medical men as their equals in practice. The consequence was, systems of quackery, and want of proper *esprit du corps* among members of the profession, in many instances.

Dr. Garnett, of Washington, spoke to the resolution.

Dr. Atkinson, of Virginia, inquired how the diplomas could be withdrawn?

Dr. Gooch replied that the diploma could be always withdrawn, if given under these conditions.

Dr. J. H. Phillips, of New Jersey, offered the following amendment:

Resolved, That it is the duty of all Boards of Examiners, to which candidates may apply for examination or approval, to admit none but those who give satisfactory evidence of a good preliminary education, and that a regular Course of Medical Practice will afterwards be pursued, and who shall subscribe to the Code of Ethics adopted by this Association.

Dr. Cox, of Md., thought the resolution contemplated an extraordinary act of legislation, and there would be great difficulty in applying the principle. The power of revoking a diploma, once given under the legal sanction of a charter, was a dangerous one to be intrusted to any set of men.

Dr. Atkinson, of Virginia, thought, that until the millenium, quackery would exist in the profession to some extent, and it was vain to legislate against it.

On motion of Dr. Sayre of New York, the Association took a recess for one hour, without disposing of the resolution.

AFTERNOON SESSION.

The Association was called to order at 1½ P. M.

The consideration of Dr. Gooch's resolution was resumed.

Dr. Stille, of Pennsylvania, offered the following:

Resolved, That in order to preserve the purity and honor of the medical profession, and to place around young practitioners an additional safe-guard against temptations to do wrong, as well as to draw a more distinct line of separation between true and false physicians,—it is hereby recommended to the several Medical Colleges, and such other Boards as are by law authorized to examine candidates for admission into the medical profession, to require from every graduate or licentiate his signature to the Code of Ethics of this Association, as well as to furnish him with a copy of this Code, and it is also recommended that the formal administration of a pledge, faithfully to observe and keep the same, form part of the public ceremonies of Medical Commencements.

After some discussion the whole subject was referred to a Committee of three, to report as soon as possible.

Dr. Stewart, on behalf of Committee of Arrangements, reported the names of delegates who had registered since last report, and recommending to invite Dr. Hervey P. Peet, Institution for Deaf and Dumb, and Dr. W. C. Butler, to take seats in the Association. The report suggested that when the Society adjourn it be to Saturday morning. Accompanying, was a letter from Dr. Thomas Spencer, presenting a paper on the atomic theory of life and vital heat, as applicable to pathology.

On motion, Dr. Spencer made a brief abstract of his views.

Dr. Blatchford, of New York, moved to have a resolution offered yesterday, on the licensing power, with amendments by Dr. Garnett, taken up for consideration.

[For resolutions, see proceedings of yesterday.]

Dr. Hooker, of Conn., spoke to the subject of the resolutions. We would expose individual cases without referring to the Colleges or individuals, by name. The object of such an Association as this, was not to be personal, but to reform abuses. Dr. H. cited several cases, for which he stated he had the best authority, in which young men had been allowed to graduate after terms of study under one year. Four of these cases, were from schools very prominent in the community. If such instances as he had stated had come without inquiry, was it not probable that if a searching inquiry were instituted numerous such abuses would be discovered. The cause of this was in a great degree, owing to the competition between schools. He wished that the subject would be brought before a Committee; and he thought the remedy proposed in Dr. Garnett's amendment, would prove efficacious.

Dr. Johnson, of St. Louis, was happy the subject had come before this Association. He was sorry the gentleman had not given the instances he referred to; for he was confident that the Association was composed of gentlemen who would have an influence in preventing such abuses. In Missouri, they had memorialized the Legislature, and found that no hope for any measure to protect the Medical Faculty, could be expected from the Legislature. This Association would, in itself have a much greater influence, by denying those scholars which acted in the manner described, a place on this floor. The moral power of this Association, if exercised, would have the effect of keeping members of the profession from such practices.

Dr. Atlee, of Pa., rose to prevent a discussion on the subject, which could lead to no practical good for the present. The evil was a very great one, and he hoped the whole subject would be referred to a Committee to make their report at the next meeting.

The subject was referred to the following Committee: Drs. Samuel Jackson, T. Blatchford, Johnson, of Mississippi, [St. Louis ?]; Peaselee, of New Hampshire.

On motion of Dr. Atlee, the subject of proposed amendments to the Constitution was taken up, and the original articles, with proposed amendments read by the Secretary.

Dr. Stevens of New York, moved an indefinite postponement of the whole subject of amendments to the Constitution.

Dr. Atkinson, of Va., moved to have the amendment proposing to admit four delegates from the U. S. Army and U. S. Navy, excepted from motion to postpone.

Dr. Coolidge, of U. S. Army, hoped that the Association would decide whether delegates from the Army and Navy were entitled to a seat on the same footing as other delegates. If the Association did not do so, he thought the Chief of the Army and Navy Medical Bureau would not be inclined to nominate delegates from that department in future.

Dr. Bolton, of Virginia, read some resolutions intrusted to him by the Medical Society of Virginia, on the subject of amending the Constitution.

Dr. Stewart said the only alterations proposed were, in effect, to have one delegate from each College, and one from each Hospital, instead of two. This was that they might obtain, as nearly as possible, a uniform representation of ten per cent., from all branches of the profession. Also the change respecting the Army and Navy delegates.

The question on indefinite postponement, excepting the clause altering the Constitution in relation to delegates from the Army and Navy was put and carried, and the following adopted:

Resolved, That the second clause of Article 2 of the Constitution be so amended as to admit the American Medical Society in Paris to representation in this body upon the same terms as the Medical bodies in this country.

Dr. Alfred Stille, Chairman of the Committee to whom was referred sundry memorials touching the course to be pursued by Medical Colleges and other Boards in the examination of candidates and the granting of Diplomas, reported, submitting the following resolutions for adoption:

Resolved, That in order to preserve the purity and honor of the Medical Profession, and to place around young practitioners additional safeguards against temptations to do wrong, as well as to draw a more distinct line of separation between true and false physicians, it be and is hereby recommended, that every graduate in medicine be required to subscribe a pledge to submit to the revocation of his diploma upon conviction of having knowingly violated the Code of Ethics of this Association. It is also recommended to the several Medical Colleges and such other Boards as are by law authorized to examine candidates for admission into the Medical Profession to require from every graduate or licentiate his signature to the Code of Ethics of this Association, and to furnish him with a copy of the same. It is further recommended that the formal administration of a pledge faithfully to observe and keep the said Code, form part of the public exercises of Medical Commencements.

The following form of Promise was among the documents referred to Committee on Pledge.

I, A. B., of ——, in the State of ———, do hereby promise, on the honor of a gentleman, that I will conform strictly to the Code of Ethics of this my Alma Mater in all things pertaining to the practice of my profession; and when I shall fail to do so, I hereby grant to the Faculty of said School full power and authority to withdraw said Diploma, and all the rights and privileges which it is intended to confer.

Dr. Palmer and other delegates opposed that part of the report proposing to clothe Colleges with the power of revoking diplomas for a breach of the "Code of Ethics."

Several motions and countermotions were made. The Chairman decided on the right of the Committee to withdraw the objectionable resolution, when the second and third recommendations of the report were adopted.

Dr. Sayre, of New York, moved that the resolution be taken up, and passed as the sense of the meeting. It was taken up and referred to Committee.

Dr. Palmer moved the following, which was adopted:

Resolved, That the Standing Committee, of which Dr. Bolton is Chairman, be instructed to inquire into all cases of death that may be reported as occurring from the use of anæsthetic agents during the present year in the United States, and report to the next meeting of the Association.

Dr. Zeigler, of Pennsylvania, moved the following, which was laid on the table:

Resolved, That a Committee of three or more be appointed by the President, to devise or consider some comprehensive plan or system by which subjects connected more especially with Medical Science can be more speedily, systematically, generally and thoroughly investigated and examined.

Dr. Bolton, of Va., gave notice that he would propose amendments to the Constitution submitted to this Association by the meeting at Richmond, last year, and which have been indefinitely postponed, for adoption at the next Annual Meeting in St. Louis.

Dr. J. M. Smith, of New York, read the following

REPORT OF COMMITTEE ON NOMINATIONS.

The Committee on Nominations, in fulfilling the duty of their appointment, propose to continue most of the Special Committees appointed by the Association, in May, 1851, and May, 1852, and to appoint several new Special Committees. They, therefore, submitted the following list of Chairmen of Special Committees, with the subjects to them committed.

1. Dr. D. F. Condie, of Philadelphia, Penn., "On the Causes of Tubercular Disease."
2. Dr. James Jones, of New Orleans, La., "On the Mutual Relations of Yellow and Billious Remittent Fever."
3. Dr. R. S. Holmes, of St. Louis, Mo., "On Epidemic Erysipelas."
4. Dr. Geo. B. Wood, of Philadelphia, Penn., "On Diseases of Parasitic Origin."
5. Dr. R. D. Arnold, of Savannah, Ga., "On the Physiological Peculiarities and Diseases of Negroes."
6. Dr. James R. Wood, of New York, "On Statistics of the Operation for the removal of Stone in the Bladder."
7. Dr. F. Peyre Porcher, of Charleston, S. C.—"On Toxicological and Medicinal Properties of our Cryptogamic Plants."
8. Dr. Goodrich A. Wilson, of Virginia—"On Cholera, and its Relation to Congestive Fever—their Analogy or Identity."
9. Dr. Worthington Hooker, of Conn.—"On Epidemics of New England and N. Y."
10. Dr. John L. Atlee, of Lancaster, Penn.,—"On Epidemics of New Jersey, Pennsylvania, Delaware and Maryland."
11. Dr. D. J. Cain, of Charleston, S. C.—"On Epidemics of Virginia, North Carolina, South Carolina, Georgia and Florida."
12. Dr. W. L. Sutton, of Georgetown, Ky.—"On Epidemics of Tenn. and Ky."
13. Dr. Thomas Reyburn, of St. Louis, Mo.—"On Epidemics of Missouri, Illinois, Iowa, and Wisconsin."
14. Dr. George Mendenhall, of Cincinnati, Ohio—"On Epidemics of Ohio, Indiana and Michigan."
15. Dr. E. D. Fenner, of New Orleans, La.—"On Epidemics of Mississippi, Louisiana, Texas and Arkansas."
16. Dr. Charles A. Lee, of New York,—'On Domestic Hygiene."

17. Dr. Daniel Brainard, of Chicago, Ill.—"On The Constitutional and Local Treatment of Carcinoma."

18. Dr. N. S. Davis, of Chicago, Ill.—On the Influence of Local Circumstances on the Origin and Prevalence of Typhoid Fever."

19. Dr. George Engleman, of St. Louis, Mo.—"On the Influence of Geological Formation on the Character of Disease."

20. Dr. Henry M. Bullitt, of Louisville, Ky.—"On the Use and Effect of Applications of Nitrate of Silver to the Throat, either in Local or General Disease."

21. Dr. Robert Campbell, of Augusta, Ga.—"On the Pathogenic Influence of Feather Beds."

22. Dr. James Bolton, of Richmond, Va—"On the Administration of Anæsthetic Agents during Parturition."

23. Dr. Henry Taylor, of Mount Clemens, Michigan,—"On Dysentery."

24. Dr. F. Donaldson, of Baltimore, Maryland—"On the Present and Prospective Value of the Microscope in Disease.".

25. Dr. R. L. Howard, of Columbus, Ohio—"On the Pathology and Treatment of Scrofula."

Committee on Plans of Organization for State and County Societies.—Isaac Hays, M. D. of Penna., Chairman; Worthington Hooker, M. D., of Conn.; Josiah Andrews, M. D., of Michigan; B. R. Wellford, M. D., of Virginia; A. L. Pierson, M. D., of Mass.

Committee on Medical Literature.—T. S. Bell, M. D., of Ky., Chairman; Samuel H. Pennington, M. D., of N. J.; Edward H Parker, M. D., of New Hampshire; William K. Bowling, M. D., of Tenn.; Zina Pitcher, M. D., of Michigan.

Committee on Medical Education.—B. R. Wellford, M. D., of Va., Chairman; Resign Lowe, M. D., of Iowa; Lyndon A. Smith, M. D. of N. J.; Jacob Bigelow, M. D., of Massachusetts; L. A. Dugas, M. D., of Georgia.

Committee on Volunteer Communications.—Drs. C. A. Pope, Thomas Reyburn, John S. Moore, J. B. Johnson and A. Litton, of St. Louis, Mo.

Committee of Arrangements.—Dr. J. R. Washington, J. S. Moore, S. Pollok, Thomas Reyburn, J. O'Farrar, W. M. McPheeters, C. W. Hempstead and E. S. Lemoine, of St. Louis, Mo.

Committee on Publications.—Dr. D. F. Condie, Penna., Chairman; Dr. E. L. Beadle, of New York; Dr. A. Stille, Pennsylvania; Dr. I. Hays, Penna.; Dr. E. S. Lemoine, of Missouri; Dr. G. Emerson, Pennsylvania; Dr. G. W. Norris, Pennsylvania.

Dr. Atlee, of Pennsylvania, moved that when the meeting adjourn, it adjourn to meet at 7 o'clock on Saturday morning.

The motion was withdrawn.

Dr. Rogers, of Philadelphia, moved to have the report and resolutions offered by Dr. Zeigler, and laid on the table, taken up.

The report and resolutions were referred to a Committee, consisting of Drs. Zeigler, Rogers and Jackson.

Drs. Atlee and Millenberger offered the following which was adopted:

Resolved, That the cordial thanks of the American Medical Association be, and they are hereby tendered to the Committee of Arrangements, the Trustees of the Church in which they have held their meetings, the profession and the citizens generally of New York, for the generous and elegant hospitality extended towards its members during its present session.

Dr. Bolton, proposed a vote of thanks to the President of the Public Institutions, which had been thrown open for members during their stay.

Dr. Bolton, of Virginia, moved the thanks of the Association to the Press of this City, for its accurate reports of their proceedings.

On motion, it was resolved to meet on board the steamboat, at foot of Pier, No. 3, to-morrow morning, at 9 o'clock, and proceed to visit the Public Institutions belonging to the City of New York.

The President congratulated members on the close of their deliberations, and expressed his wish that they should all meet at St. Louis, next year.

The Association then adjourned *sine die.*

THE NORWALK CATASTROPHE—MEETING OF THE MEDICAL ASSOCIATION,

A meeting of delegates to the late Medical Convention, still remaining in New York, was held yesterday morning at the Bleecker Street Church, corner of Bleecker and Crosby Streets, for the purpose of expressing the feelings of the Association on the loss of several members of that body by the late railway catastrophe at Norwalk. Dr. Joseph M, Smith was appointed President of the meeting, and Dr. E. L. Beadle officiated as Secretary. On motion of Dr. Rockwell, a Committee was appointed to prepare suitable resolutions for the occasion. The following gentlemen formed the Committee: J. H. Griscom, N. Y.; S. Hanbury Smith, Ohio; P. Claiborne Gooch, Va.; L. A. Smith, N. J.; Theodore Goodloe, Ala.; R. LaRoche, Pa., John Watson, N. Y.

The following preamble and resolutions were read by J. H. Griscom, M. D.

Whereas, amid the wide-spread affliction caused by the recent catastrophe at Norwalk, the members of the American Medical Association, recognizing in this mournful event, the hand of an all-wise Providence, feel called upon to express their grief at the sudden removal from life of Abel L. Pierson, M. D., of Salem, Mass.; Alexander Welch, M. D., of Hartford, Conn.; Josiah Bartlett, M. D., of Stratham, N. H.; Samuel Beach, M. D., of Bridgeport, Conn.; James M. Smith, M. D., and J. H. Gray, M. D., Springfield Mass., late members of the Association :[*] And, *whereas*, it is the earnest desire of the members, still present in the City of N. Y., to record a suitable expression of their feelings upon an occasion equally unprecedented and distressing; therefore,

Resolved, That the members have received with profound sorrow the lamentable intelligence of the loss which the community, as well as the profession, have sustained by the death of so large a number of the American Medical Association.

Resolved, That as a suitable, though inadequate, external mark of their grief at the sudden demise of friends from whom they had so recently parted, the members of the Association in general are recommended to wear the usual badge of mourning for the space of thirty days.

Resolved, That a Committee of five be appointed to devise some suitable method of commemorating the event and the worth and professional character of our lamented associates, and recommend their plan at the next meeting of the Association.

Resolved, That the members of the Association deeply sympathize with the relatives of the deceased, and that a copy of these resolutions, duly authenticated, be transmitted to their respective families.

The resolutions were adopted by the meeting, and a Committee was appointed to consider the best method of providing some memorial in commemoration of the terrible disaster. The names of this Committee were Joseph M. Smith, M. D., F. C. Stewart, M. D., J. W. G. Clements, M. D., W. Rockwell, M. D., Isaac E. Taylor, M. D., E. L. Beadle, M. D., and John Watson, M. D.

The report of this Committee will be delivered at the next meeting of the Medical Association, which will take place next year, in St. Louis.

ECLECTIC AND SUMMARY DEPARTMENT.

A method of causing the severe pains that accompany purulent opthalmia to cease immemediately.—By M. GUYON, Inspector General of the Health Department of the army in Africa.—*Translated for the N. J. Medical Reporter.*

M. Guyon recommends the interposition between the lid and the ball of the eye, of a thin, smooth substance adapted to the part, which prevents the engorged vessels from gliding over each other. He employs for this purpose thin disks of ivory.

He says—Two, and oftener one, answer the purpose, one under the upper and one under the lower eyelid. In order to proceed to their introduction, the patient should lie down, if the operation be performed on the upper part of the eye, and seated if on the lower. After which, having pinched the lid vertically so as to produce, between it and the eye, a slight interval, the disk, which has been brought near, being carried on the end of a spatule or teaspoon, is allowed to slip into it. It is then retained there for a moment by the end of the little finger, pushing it slightly if there is room. M. Guyon employs, jointly with the smooth inter orbitary body, *fullers earth reduced to*

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[*] Among the killed was Dr. Wm. C. Dwight of Brooklyn, N. Y., who was probably not a member of the Association.—*Ed. N. J. Medical Reporter.*

powder, earth which the natives know by the name of *t'efal*, and which they use in their ablutions as a substitute for soap. This remedy alone often answers the end in the less malignant cases, that is, in those in which the pain is moderate, and in which the granulations are consequently inconsiderable and but slightly developed. To use it, after having carried the head of the patient backward, we separate the eyelids with the thumb and forefinger of the left hand, at the same time that, with the right, we allow to fall into the opening a pinch of the powder which we are speaking of.

As respects its principles of action, the *potters* fuller's earth applied to the skin, renders it soft and smooth, and it is reasonable to assume that it produces the same effect in its application to the conjunctive.—*L'Abeille Medicale.*

Iodine in Obesity—By Dr. Betz.—(Translated for the N. J. Medical Reporter.) The excessively rapid action of Iodine in the following case is worthy of note. *Case.*—A woman aged 49, menstruation regular, mother of three children, has complained for the past three years of pain in the breasts, which, at the same time were so augmented in volume as to descend to the hypochondriac regions. There also existed collops of fat in the axilla and on the back, and the abdomen was so distended by it as to prevent the woman from bending forward, or from attending to her household duties. Her limbs had undergone very little change. Under the influence of the Tincture of Iodine in the dose of twenty drops a day, the fat disappeared so rapidly that at the end of two months this woman had returned to her natural condition. It is to be remarked that this woman having very little desire for meat before her illness, became very fond of it during the existence of her obesity, and on her recovery regained her former appetite.

Her stools infrequent during her illness became regular. Health perfect.—*L'Abeille Medicale.*

Warts cured by the employment of Carbonate of Magnesia.—Dr. Lambert recommends in the *Bulletin General de Therapeutique*, the employment of Carbonate of Magnesia for the cure of warts. This discovery of its application was accidental, and was verified in the case of a young lady who was troubled with these excrescences, to whom he administered the carbonate of magnesia in doses of a teaspoonful morning and evening, with entire success, as in five days after the commencement of the treatment the warts began to disappear, and were soon entirely removed, leaving no trace behind. The remedy is simple, if efficacious,

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On the Hæmostatic Effects of the Eau Pagliari.—By Professor Sedillot. The formula for the preparation of the styptic water invented by Signor Pagliari, an apothecary at Rome, and which has attained a high celebrity on the Continent, is thus given by Professor Sedillot, to whom it was transmitted by the inventor:

Take of benzoin, eight ounces; sulphate of alumina and potassa, one pound; water, ten pounds. Boil together in a glazed earthen vessel for six hours, constantly stirring the resinous mass, and supplying the loss by evaporation by successive additions of hot water, so as not to interrupt the ebullition. Finally, filter the liquid, and preserve it in well-stopped glass vessels. The portion of benzoin which remains undissolved will be found to have lost its odor and inflammability.

The hœmostatic water thus obtained is limpid, resembles champagne in color, has a slightly styptic, and a sweet aromatic odor. It leaves, on evaporation, a transparent deposit, which adheres to the sides of the vessel.

The following are the conclusions deduced by M. Sedillot from his experience with this and other styptics :—

1. There are fluids which instantaneously coagulate the blood, and convert it into a thick, homogeneous and consistent clot.

2. The eau Pagliari enjoys this remarkable property, and does not exercise any injurious action on the tissues with which it comes in contact.

3. Theory, experience, and clinical observation equally concur in demonstrating its efficacy as a styptic.

4. The object of compression, in the application of hœmostatic liquids, is to permit the coagulation of the blood, as well as the adhesion of the clot to the mouths of the wounded vessels.

5. In all cases in which recourse cannot, without serious inconvenience, be had to ligature, as well as in those in which the alteration of the blood prevents its coagulation, and renders hemorrhage dangerous, the eau Pagliari may be advantageously employed and deserves to be classed among the valuable resources of our art.—*Gazette Medicale de Strasburg.—N. Y. Journal of Pharmacy.*

What is Life?—This question was asked at the opening of an address to the candidates for degrees, at the late examination in the Medical Institution of Yale College, and answered by the learned gentleman by whom it was propounded—Benjamin Welch, M. D., one of the board of managers. So many have traversed the same path, and explained what life is, each in his own way, which very rarely corresponds with the definitions of others, that it is a difficult point to determine who is right or who is wrong In the meanwhile, the amount of physiological facts which each one collects in the effort to establish a theory, is adding to the stock of knowledge which has been accumulating for ages; and if no one has yet satisfactorily defined what life is, the world is the wiser for their researches. Dr. Welch lays down one proposition, that meets our individual approval, because it is plain common sense. It is this—"The first and essential law of our existence, is that of progress." There is no repose for nature, or in nature, and Dr. Welch takes a departure from that text, on which he reasons like a deep philosopher. He touches very delicately upon that old worn out topic of discussion, the connection of mind and matter, and, much to his credit, owns up, as the brokers say, by plainly declaring that the union is entirely beyond our comprehension, instead of wasting strength in the attempt to show, as many have, what never can be shown. After passing over this mysterious connection, Dr. Welch discourses admirarably on the moral obligations of physicians, and their high destiny if they fulfil the mission upon which they are set out in life.—*Boston Med. and Surg. Journal.*

THE

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On Uterine Hemorrhage. By Ariel Hunton, M. D.

Recently, there has been much written, and published in our Medical Periodicals, on Uterine Hemorrhage, which I have ever considered more alarming than dangerous.

The remedies recommended, and mostly in use, are astringents, opiates, and cold affusions, or ice to the abdomen. These cases are frequently attended with syncope, which will alarm the friends, and perplex the physician, and be protracted in spite of the most judicious treatment. I have never known the death of a female from uterine hemorrhage, unless in a state of gestation.

My method for several years, has been somewhat different from the treatment now usually practiced; I use no cold applications to the bowels. Considering that there is an irritation in the genital organs, and that counter irritation will mitigate the internal disturbance in a measure, I apply strong sinapisms, or wet a cloth in alcohol, and sprinkle on it ginger and capsicum abundantly, and apply it to the abdomen in quantities sufficient to cause the patient to complain of the irritation. Among the astringents my reliance is usually gum kino. Lead is a direct sedative, and a poison; I always use it with distrust. If used I combine it with stimulants; Dover's powder, with gum camph. and an additional quantity of opium and capsicum.

I intend to confine my remarks to hemorrhages in an unimpregnated state, which occur mostly with ladies advanced in life; occasionally in the young, but they are rare, for I have had only one, in a practice of thirty-eight years, and cannot say but I was deceived in that case.

I have selected several cases in my practice occurring in the space of nearly thirty years. October, 1825, called to Mrs. M., aged about 44, who was afflicted to an alarming extent, with what is termed here, among the ladies, *flooding*. There had been a suppression of the menses for two or three months, some disturbance of the stomach, breasts some enlarged; she had thought herself in a state of gestation. In this case, I used cold affusion to the abdomen, astringents were applied with an unsparing hand, and bark was taken in substance when it could be borne.

I could arrest the flooding by those means readily, but in a few days it would return with great violence, and followed her occasionally for more than a year; frequently when I was called to her, the messenger would inform me she was dying, or would die before I could arrive at her residence. In this case, as in nearly all others, there was an accelerated pulse, with increase of heat, more particularly in the region of the uterus, which portends an irritation, or increased action of the genital organs. Mrs. M., after a lingering illness, regained her health, which she is now in the enjoyment of, at the age of near eighty years. She is a *pauper*, and such are said to enjoy high longevity.

Case II.—January 20th, 1837. Called to Mrs. W., who had been flooding profusely for several hours; had fainted a number of times; pulse small and quick; extremities cold, pale, wan, and exsanguinous; ordered the head to lie low, the foot of the bed to be raised six inches, pressure of a hand on the pubic region, a cloth wet with alcohol, and sprinkled with ginger and capsicum applied to the bowels; pulv. doveri, with opium, camphor and capsicum, and lead added, with solution of kino frequently exhibited until the flooding ceased, which was in a few hours, and did not return. She was a long time an invalid, in consequence of having the charge of a young family and no help.

Case III.—December 3d, 1840. Called to Mrs. P., of Wolcott, as consulting Physician, with my friend and pupil, Dr. Edwards, (a young man of much promise, but who died the next spring of the epidemic that visited us, usually called *Erysipelas*, which was as fatal, and did its work as speedily as the plague.) In this case I used the tampon, with counter-irritants to the bowels; she had previously taken astringents in liberal quantities: the foot of the bed was raised; the flooding was speedily arrested, and did not return. To see her, I rode some 14 miles in a cold blustering winter night, and all the compensation I ever received, was *leg bail* of the husband to the far west.

Case IV.—January, 1842. Called to Mrs. W., of Johnson, under 20, married less than a year, and not pregnant, unless I was deceived; she was taken with a profuse hemorrhage, while standing at a table from home. As *she* expressed it, the blood *splashed* on the floor. Such a case is so uncommon in the young, I suggested to the mother that it resembled an abortion, the mother and daughter both averred that it was not the case.

In this case I also used the tampon, with stimulants to the bowels, Dover's powders, and astringents, with the foot of the bed raised; if a perspiration is induced, spontaneous hemorrhage will usually cease; it ceased in this case soon after using the tampon, and did not return; the lady was very much exhausted, and it was a long time ere she obtained pristine vigor.

Case V.—Sept. 1852. Called to Mrs. P., of Troy, Vt., who had lain on her back most of the summer, with her hips elevated, flooding profusely once a month, and more or less usually when moved from the bed to the lounge, or water closet.

The treatment had been for a long time, cold water to the bowels, and gum kino, and but little else, at each return of hemorrhage. My orders were, *no more cold water*, but counter irritants to the bowels. The circulation being low and feeble, I concluded she would take bark, which she bore well, with the myrrh mixture, which she was to take with some nervine; Clematis, or Ext. Valerian. The third day from my visit, the menstrual period arrived, she had a slight show, and none since, up to March, when I last saw her; the appetite was good, and digestion excellent. In those cases where bark is inadmissible, Prunus Virginica, or Cherry bark, is my favorite substitute, steeped in cold water. After taking this, or the preparation of Iron, a few days, they will bear more stimulating tonics; the Sorbus Americana, or Populus tremuloides. The bark of either is an useful tonic, the latter more especially in nervous, and hysterical cases, which are usual attendants in uterine diseases.

Hydepark, Vt., May, 1853.

Case of Encephaloid Tumor of the Uterus, in which healthy Menstruation was performed.

By the Editor.

In tracing the symptoms, as they present themselves in the course of incurable diseases, and watching the gradual decay of the vital powers, as they yield to the destroyer's grasp, it is not an unwelcome announcement to the anxious physician, that his patient has ceased to live;—and when death occurs, it affords him no little satisfaction to find upon examination that his diagnosis was correct, and his treatment founded upon true views of pathological science. And, however unsatisfactory it may be to conclude after all, that no new light has dawned upon the subject through his investigations; it is nevertheless useful to communicate freely, one with another, indulging the hope that the time may yet come when the developements of science, will reveal new facts in pathology, and treatment. The subject of remark, in the present instance, was an unmarried lady, aged about 41 years. She had enjoyed ordinary health till within about two years of her death, when she requested my professional care. I found her with active hemorrhage from the uterus, and treated her for menorrhagia; but she soon began to show signs of serious organic disease, and my fears were excited that she was an unfortunate victim of Carcinoma. Upon examination over the pubis, I discovered, in about eight months probably, from the commencement of the attack, a hardness, which could be readily compressed under the hand; and that pressure was always accompanied by hemorrhage. The contractility of the uterine walls did not seem to be impaired, for the tumor constantly reminded me of the condition of the uterus immediately after labor, when loaded with coagula. As the general health was evidently failing, and the patient suffered much from lumbar pains, and weight, I gave her iron, ergot, and extract of hyoscyamus, in the form of pill, with nourishing diet, and occasional stimulants. My object in the above combination, was to allay nervous excitability and pain, by the extract; to increase the red corpuscles of the blood by the iron; and by the ergot to promote, and maintain the uterine contractions, with the hope of arresting hemorrhage, and if possible of expelling any morbid growth that might have attached itself to the inner surface of the womb. She seemed to improve under this treatment, and I ventured to indulge the hope, (though I did not dare to express it,) that the tone of the organ might be restored, and the offending cause of distension, and bleeding, removed. Not being convinced at this time of the true nature of the disease, my hopes were encouraged by the fact that she improved in strength, so far as to go out from home, and visit among her friends without much increase of the discharge, and at every monthly period, the catamenial flow came, as in a healthy condition of the system, though it continued longer than was usual. From this fact, I inferred that the whole of the uterus could not be occupied with the disease, but that a portion of its surface must be competent to secrete a healthy menstrual fluid. And this probably, as much as anything else, encouraged a hope that the affection was not cancerous, as I had not previously known in my own experience, or that of others, regular menstruation to occur with cancers of the womb.

My patient, however, soon began to show evidences of a mortal disease; and satisfied of its character, I so informed her family. Effusions commenced in the lower extremities; the face, and other parts of the body assumed a bloodless hue, and a general œdema supervened. The tumor increased in size rapidly, the strength failed, and the stomach sympathized closely with the affected organ,—so that nutriment of all kinds was rejected, and during the last week of her life she sank very rapidly.

An autopsy was made by Drs. Gauntt, Butler and myself, in company with three medical students. An incision being made from one superior spinous process to the other, and intersected by a perpendicular cut in the median line of the body, and the integuments laid carefully aside, the abdominal viscera appeared in situ, those of the pelvis being much disarranged. The bladder was flattened, and thrown upon the pubic arch—the uterus was much enlarged, and occupied almost the entire pelvic cavity; it was hard to the feel, and presented a smooth surface, with several adventitious appendages of solid adipose structure, about the size of a hazel nut, attached to it. The left ovary was drawn up on the anterior surface of the womb, and at the entrance of the right Fallopian tube, the tumor was pointed like an abscess. This point, however, was not soft—but appeared to be of a hard lobular structure.

Upon dividing the walls of the uterus, an encephaloid tumor was found occuppying about three-fourths of its cavity, and firmly adherent to the corresponding portions of the uterus. The remaining fourth presented an apparently healthy secreting surface, extending from the fundus, along the right side, to the os, from which, it is supposed, the periodical returns derived their supply. At the time of the autopsy, this cavity contained about an ounce of coagula, which seemed to be on its way to the outlet, at the period of dissolution. During the sickness, I often placed my hand upon the fundus uteri, and pressed out large coagula, which, escaping, would relieve the patient of the sense of distension and pain. The bleeding orifices of the vessels of the tumor, probably emptied their contents into this cavity, and the blood remained there, till coagula were formed, which were expelled by uterine effort. The progress of this case, and its post-mortem appearances were interesting to those who witnessed them, and they are furnished to the readers of the Reporter, with the hope that they may prove of some value to the profession.

BIBLIOGRAPHICAL NOTICES.

Transactions of the Kentucky State Medical Society; held in Louisville, Ky., October, 1852—pp. 333.

Proceedings of the Medical Association of the State of Alabama, at its Sixth Annual Meeting, begun and held in the City of Selma, December 13–15, 1852. *With an appendix, and list of members*—pp. 168.

[*For Transactions of the N. J. Medical Society, held in Jan. last, see March Number of this Journal, in which they are published in full.*]

Transactions of the Medical Society of the State of New-York, at its Semi-Annual Meeting, held in June, 1852, *at the City of New-York, and at its Annual Meeting in the City of Albany, held Feb.*, 1853. *Assembly Document*—pp. 352.

Proceedings of the Medical Society of the State of Pennsylvania, at its Annual Sessions, May, 1853.

We feel bound, both by our convictions of duty as a journalist, and by our views of the interest and advantage of the Medical profession, to chronicle to the extent that our limits will allow, the proceedings of the various principal medical organizations in the country. Believing as we do, that the magna charta of our independence as practitioners of medicine, as well as the advancement of medical science, and, as inseparable from that, the well-being of our fellowmen when prostrated on beds of pain and sickness,—is held in proportion as our organizations are more or less general and efficient, we have, uniformly at the sacrifice of no little trouble, and expense, endeavored to keep pace with the numerous, and in some instances voluminous reports which emanate from our national and various State medical organizations. A reference to past numbers of the *Reporter* is evidence of the fact. These reports are often exceedingly valuable, bringing to light elaborate and well-written essays, as well as many minor papers, containing facts and observations on the various departments of medical science, which do no discredit to our country, or age, and ought not to be hoarded up in the archives of the societies for whose special benefit they were written. We would be glad to receive *all* the published reports of proceedings of societies, and propose, hereafter, to notice them in some detail as in the present instance, two or three times a year, as occasion may require, culling from them as our limited space will allow, whatever we think calculated to benefit the general reader, and promote the cause of medical science.

The proceedings of our National medical organization,—a carefully compiled, and we believe, very correct account of which, appeared in the last number of the *Reporter*,—will be commented on from time to time, elsewhere. We now proceed to the consideration of the reports named at the head of this article.

We have not been favored with a copy of the transactions of the Kentucky Medical Society, and must depend on reviews of them which we find in the *Transylvania Medical Journal*, and in the *Nashville Journal of Medicine.**

That a society in the *second* year of its existence can put forth a volume of transactions of 333 pages, is positive evidence of vitality. There is certainly *mind* in Kentucky, or such a report could not have emanated from its infant society. But the names of Sutton, Gross, Evans and Miller are "good" for any amount of labor. They are men who are never heard to say they have "no time" to undertake a work that duty calls them to perform, else their names had never been heard beyond their immediate neighborhoods.

The address of the President, Dr. W. L. Sutton, related to the duty of medical men to the profession, and to the communities in which they live, and is spoken of as worthy its distinguished author. On the subject of *compensation* for medical services, Dr. S. has the following remark:—

> "We should require a suitable compensation for our services, and require it to be paid promptly, both by individuals and corporate bodies. Such has been the liberality (if I may call it so) of our profession, that public bodies and even individuals many times think that they confer an honor on a physician by employing him, without troubling themselves about making any compensation; or at most, fixing, themselves, the compensation after the services have been rendered. Thus I have known the trustees of a town, upon the appearance of small pox in it, direct certain physicians to use all diligence in vaccinating all persons susceptible to the disease. After these physicians had used great diligence, successfully vaccinated the inhabitants, and prevented any case appearing out of the family first affected, I have seen the trustees dock their charges sixty-six per cent., on the plea that many physicians vaccinate gratuitously the families which they usually attend. And what is worse, I have seen the majority of the physicians quietly submit to the treatment. Many similar examples might be adduced. This is all wrong. If a man does not respect himself and his profession, he need not expect others to respect either."

Dr. S. has also some very judicious remarks on the subject of *medical journalism.* We commend the following extract to some in our own State, who profess a vast amount of individual and State pride in the success of their own medical periodical, and then ask them to look through their files and see how much New Jersey does:—

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*Cannot some friend in Kentucky forward us a copy of the Transactions?—[*Ed. N. J. Medical Reporter.*

"Journals must be supported by subscriptions *and by contributions.* The subscription list is small: the contribution list vastly more so. I have looked over the Western Journal of Medicine and Surgery, and find that during the year 1851, *ten* gentlemen in Kentucky, besides the Editor, contributed to its pages! Why is this? Why do not physicians of Kentucky give to the world the results of their observations? Say that an equal number contributed to the Transylvania Journal, and we have *twenty* for the whole State!* I repeat, why is this? The excuse ever ready is, 'the press of professional engagements'—'entirely too busy'—'have not the time!' Gentlemen, it will not do. Make your excuse 'want of disposition,' 'want of ability,' or the want of anything but 'time.' In the name of God, do not slander our country by saying that of 1470 physicians in the State, only twenty have time to contribute something to a journal annually. We all have our 'anomalous cases,' and our 'astonishing cures,' which we love to rehearse in the ears of our kind and credulous friends: why not lay them before those whose judgment is worth something: whose good opinion will confer honor? * * * *

No man can write down an essay upon any subject, without understanding more about that subject when he is done than he did when he began. So, then, if he has taught no other man, he has taught himself. So true is this, that if a man wishes to understand a subject thoroughly, one of the very best things he can do is to write an elaborate treatise on it."

Dr. S., in touching upon the subject of *Quackery*, speaks feelingly of the fact that the profession itself is partly responsible for its spread. We agree with one of our reviewers, who, in commenting on this portion of the address, says, "the *tap root* of quackery has sent itself deep into the very bowels of the profession of medicine, and is sustained by its life-blood"—and with him we believe that we must look to the American Medical Association and to our State societies, to correct the evil, by visiting any approach to quackery in any of their members, by summary expulsion.

A report on *Vital Statistics* was made by Dr. Sutton as chairman of a committee, the result of whose labors was, the passage of a registration law, similar to our own. The following facts from this report are of general interest, and worth mentioning:—"In the whole State there is an average of 31 persons to the square mile: the densest population is found in Jefferson county, being 171 persons, the sparsest in Harlan, where there are only 6 to the square mile."

Dr. Evans, in his report on *Ethics*, takes high and tenable ground. The following quotation, it will be easily seen, contains the gist of the whole:

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*The fourth volume of the *New Jersey Medical Reporter* contained *twenty-three* original articles, written by *sixteen* New Jersey physicians, and the fifth volume the same number by *eighteen* N. J. physicians. This is aside from reports by Secretaries of Societies, and articles by the editor. There were at least half the number of original articles by physicians out of the State. This is much better than we had supposed.
S. W. B.

—"Founded, as all sound ethics must be, upon the teachings of the Christian religion, Medical ethics have, for their chief corner-stone, these words of our Saviour,—'All things whatsoever ye would that men should do to you, do ye even so unto them.'"

In reviewing that portion of the report, in which Dr. E. comments on the interference of others with the practitioner, the editor of the *Nashville Journal* gives a case we cannot forbear quoting,—

> "Some years ago we had a most interesting patient, a married lady, at one of our large boarding-houses. She had had pneumonia, and was lingering under the effects of that malady. From some questions our patient put to us, one day, we were assured that the sisters of the *speculatorium* had visited her, and we learned upon enquiry that sure enough they had been there; *all* of them had had their wombs turned inside out; some of them had had theirs knocked into a cocked hat, but a great womb doctor had set them all agoing again the same as ever, and my patient was declared to be *exactly* like all of them, and urged to employ their doctor. Most opportunely during this visit a leader of the sisterhood dropped in. We retired with her to the farther side of the room, and in a manner made soft and winning for the occasion, we reasoned with her with great earnestness and no inconsiderable show of learning, assuring her that she and the sisterhood were alas! but too correct in their surmises concerning our patient. That her womb had not only been turned wrong side out, knocked into a cocked hat, riddled and otherwise damaged, but worse still—we added, in tones of touching cadence, and pressing our white kerchief to our eyes, *a la stage*. "You amaze me," said our fair auditor in a sighing whisper, bringing her face so near ours as to disturb the effect of the barber's finishing touch; "do tell?" *She has no womb, madam*—all, all gone! Not a vestige left to tell where once the gorgeous structure held imperial sway! and we rounded off the sentence with something about "tombs" and "capulets." We implored her to keep what we had communicated from the ear of our patient, for, certain we were, she would sink under the announcement, now that
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> "Wombs were everything, and everything was wombs."
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> We were not annoyed any more in this case. The womb being gone, there was no use for a womb doctor, his 'occupation' went with it."

The Committee on *Obstetrics* reported, through their chairman, Prof. Miller, a man who has gained a world-wide celebrity by his writings on that department of the practice of medicine. The following extract at the same time, reveals the object of the report, as well as the views of its distinguished author on two very important subjects in obstetric practice:

> "The committee on Obstetrics, instead of offering to the Society a resume of the additions that have been made to our stock of knowledge in this important branch of medicine, within the last twelve months, beg to submit some reflections upon certain valuable discoveries and improvements of prior date, which, so far as they are informed, have been but partially adopted in this State. They refer especially to Anæsthesia in Midwifery, and the use of the speculum uteri in the diagnosis and treatment of the numerous, difficult, and diversified diseases of the genital organs of females. The former they regard as a precious balm for the pain and anguish of childbirth; the latter as a sure revealer of the arcana of the organs concerned, and a direct avenue of attack by which their diseases may be dislodged. Without the one, the physician must

> stop his ears to the most piercing cries extorted from human suffering; without the other, he is blindfolded, and pursues a course of treatment necessarily empirical, or having, at best, no other than a theoretical basis."

We dismiss this subject at present, with the simple remark—*medio tutissimus ibis.*

We next come to Dr. Gross' report on *Surgery,* which embraces nearly 200 pages of the Transactions. It is a review of Kentucky Surgery; and surely Kentucky has nothing to be ashamed of. Nearly 400 cases of lithotomy alone, in that new State, performed by about twenty surgeons, will both show their ability as surgeons, and the prevalence of the causes of stone in the bladder.*

The following, taken from the Nashville *Journal,* is interesting:—

> "Kentucky surgery gave the United States a President, thus achieving what that great State herself was unable to accomplish! President Polk, at the age of 17, was relieved of a urinary calculus by the skill of Dr. McDowell. The future statesman was then an illiterate boy, worn down by disease of many years standing, which totally incapacitated him for study. Fourteen years afterwards, while Mr. Polk was a member of Congress, in a letter to his great benefactor, he gives some account of himself during that period. He says, 'I have been enabled to obtain an education, study the profession of the law, and embark successfully in the practice, have married a wife and permanently settled in Tennessee, and now occupy the station in which the good wishes of my fellow-citizens have placed me. When I reflect, the contrast is great, indeed, between the boy, the meagre boy, with palid cheeks, oppressed and worn down with disease, when first he presented himself to your kind notice, in Danville, nearly 14 years ago, and the man at this day in the full enjoyment of perfect health.' The operation was performed in 1812, when the fame of Kentucky's Ciceronean Clay had made him immortal. Could Destiny, from as glorious a height as genius had ever secured to man, have pointed the attention of the statesman to the sick, palid boy, in the backwoods village, tied hand and foot on the operating table, and whisper in his ear! 'Behold the skill of the divine art—From that baptism of blood a giant will arise whose culminating star shall paint with gorgeous glory the western sky, and with such rich effulgence that even thine, which no earthly light *can* pale, will all unheeded shine, and he attain what thou must not reach, and thou, too, in the field!'—Would even Destiny have been believed?"

Dr. Gross claims, for Dr. McDowell, priority in performing the operation of gastrotomy with removal of diseased ovaria: and of the attempts to rob him of this honor, Dr. G. says:—

> "In consequence of the novelty of Dr. McDowell's operations, and of the loose manner in which they have been drawn up for publication, an attempt was made by certain writers, both in this country and in Europe, to deny their authenticity, and to cast discredit upon the author's veracity. Among the various detractors who busied themselves in this way, no one was more loud and clamorous than Dr. James Johnson,†

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*Our Kentucky friends have a good opportunity to try the effects of the root of the *Hydrangea Arborescens* (which must abound in that State,) in those cases where the calculi are not too large to pass the Urethra. (See Transactions of the American Medical Association, vol. 5, p. 774—copied from this Journal of October, 1850.

†Eclctic Repertory, vol. 7, p. 242. Philadelphia, 1817.

> the editor of the London Medico-Chirurgical Review, a periodical well-known in the United States. In speaking of Dr. McDowell's first case, he remarks: 'Dr. Mac. visited the patient at the end of five days, though she had come to his own residence to have the operation performed!! He found her engaged in making her bed! She soon returned to her native place quite well. *Credat Judæus non ego.*' In advancing to the second case, the reviewer says, 'we cannot bring ourselves to credit the statement.' We have already seen that Mrs. Crawford, the subject of the first operation, performed in 1809, and so sneeringly spoken of by Dr. Johnson, survived until a few years ago; and that the authenticity of the second, concerning which he expresses so much incredulity, is equally well established.
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> In a subsequent article upon this subject, published in October, 1826, the same writer indulges in the following language: 'A back settlement of America—Kentucky—has beaten the mother country, nay, Europe itself, with all the boasted surgeons thereof, in the fearful and formidable operation of gastrotomy with extraction of diseased ovaria. In the second volume of this series, page 216, we adverted to the cases of Dr. McDowell, of Kentucky, published by Mr. Lizars, of Edinburgh, and expressed ourselves as sceptical, respecting its authenticity. Dr. Coates however, has now given us much more cause for wonder at the success of Dr. McDowell; for it appears that out of five cases operated on in Kentucky by Dr. M., four recovered after the extraction, and only one died. There were circumstances in the narratives of some of the first three cases that raised misgivings in our minds, for which uncharitableness we ask pardon of God, and of Dr. McDowell of Danville.'* Such language needs no comment; it speaks for itself, for it carries with it its own condemnation of the man who uttered it. When the learned, caustic and ungenerous editor of the London Medico-Chirurgical Review indited it, he was ignorant—perhaps, wilfully ignorant—of the fact, that he was slandering the father of ovariotomy, and speaking sneeringly of a State that has given birth to the first lithotomist, and the first American Statesman of the nineteenth century."

Of Dr. Gross' operation of castration, we have nothing to say further than that when sometime since, we read his article on the subject, we confess we were not fully convinced by his arguments of the sufficiency of his grounds for depriving a human being of testicles, merely for the lack of a penis. However, we will not venture a decided opinion without knowing more of the circumstances of the case. Our friend of the Nashville *Journal* grows quite warm in his condemnation of the operation.

The *Alabama State Medical Association* met at Selma on the 13th of December last, and continued in session three days. The length of time devoted to the business of the society resulted in the presentation of highly useful reports from different committees, and profitable discussions on subjects of general interest to the profession. The number of fellows present seems to have been rather small, but they were no drones, and the result of their labors is a very valuable report of 168 pages, which does credit to the profession of the State. Such organizations of men who meet together, not simply to exchange civilities—to "eat, drink, and be merry," or even to transact the routine business of an organized society, but to *labor* for the cause of medical science, *must* ere long include all within their bounds whose fraternity is worth having, nor will the public be backward in discriminating between the men of science, and the parasites, who feed upon the refuse morsels that fall beneath their table.

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*Medico-Chirurgical Review, for January, 1825, p. 216.

The *Association* has been in existence six years, and embraces upwards of 150 of the best practitioners in the State. A prize offered by the Sumter Co. Society for the best essay, was carried off by one of their own number—Dr. L. H. Anderson, whose paper on "Autumnal fevers" will be noticed in its place. Dr. Lopez, from a Committee on Insane Asylum, reported that in compliance with the recommendation of the Society the Legislature had taken measures to establish such an institution forthwith.

Dr. Bates, of Marion, related a case of Bicephalous monster which occurred in his practice, and which he has carefully preserved. It was primiparous, occurring in a negro girl about 17 years of age. The peculiarities were, two perfectly formed bodies from the pelvis upward, the bodies being joined from the lower portion of the shoulder-blade to the pelvis —pelvis triangular—two ani—two sets of genital organs, female perfect, male rudimentary—one umbilical cord—three legs well formed, the third having two great toes.

Goitre being an increasingly prevalent disease in the State, a Committee was appointed to report on the subject at the next meeting—Dr. W. Taylor, of Taladega, Chairman.

An interesting discussion arose on the use of quinia in Typhoid fever. The following remarks of Dr. Bates would seem to embody the views of a majority of the members, as to the pathology and treatment of the disease :—

"Dr. B. considers it an enteric disease, affecting the bowels, with degeneration of glands; believes it at first a state of nervous depression which acts upon the glands of the abdomen, and this again by reflex action upon the nervous system. Treatment should correspond; gives nothing which will irritate, food nutritious, demulcent drink, and bowels kept open by laxatives of the mildest nature. His favorite prescription is Chlorate Potass. as a mild, cooling refrigerant, which greatly relieves the patient of his thirst and dry tongue.

"Believes mercurials given for their constitutional effects, injurious. Gives it sometimes in its mildest form as Blue Mass, when the liver seems to be a little torpid, or in the form of Hyd. Cum Creta, when diarrhœa supervenes.

"When the system becomes depressed with sub-sultus tendinum, dry and harsh tongue, he uses stimulants, and for this purpose prefers the Carb. Ammoniæ, of which he thinks very highly. He, however, endeavors to anticipate this state by giving the Carb. Ammoniæ in small doses. With regard to Quinine, he at first gave it experimentally in 2 or 3 grain doses every two or three hours, and found it produced exaltation of the vital forces. Has given it in 10 grain doses every three or four hours with same effect. Has never seen it do any good unless there was an exacerbation, and has then given it in 10 or 15 grain doses to relieve the exacerbation, but never found it stop the progress of the disease."

By resolution, the Fellows were requested to make notes during the ensuing year, of the symptoms and treatment of the disease, with as many post-mortem examinations as possible, and report at next meeting.

Full Standing Committees were appointed, representing each county, on number, character, &c., of practitioners of medicine,—on Indigenous Botany, and on Epidemics, &c., besides reporters on other subjects.

Drs. W. H. Anderson and George A. Ketchum, reporters on diseases of Mobile during the year 1852, speak of the general exemption that was enjoyed from epidemics of any kind. Speaking of the summer bowel complaints of children, we find the following:—

> "One of your reporters is under the impression, that the Tinct. of Nux Vomica added to some of the favorite diarrhœa mixtures was of essential service in a few cases where he made use of it. It seemed to restore the tone of the bowels, probably by giving more tonicity to the muscular coat. We know from post-mortem examinations, that the wasting dysentery of dentition produces a flabby and relaxed state of the muscular coat. The sphincter ani itself becomes relaxed and powerless, and we have thought that the Nux Vomica exerted a wholesome influence in these cases; at any rate for several years past we have used it as an auxiliary and been well pleased with its effect. The use of this article is not put forward as novel or original, but attention is called to it for the purpose of giving it more extended trial, and we think it will be found an important remedy in many cases where astringents alone are ineffectual, and where the milder forms of mercury have failed to relieve."

From Dr. Anderson's interesting report on Surgery we select the following case:—

> "*Eiloides—Removal of the Tumour.*—M. C., planter of Kemper county, Miss., came to me for the removal of a painful tumour about the size of an almond, on the middle of the neck, and over-lying the external jugular vein. It bled freely from any slight injury, and he was very uneasy about its becoming malignant. I removed it 8th January, 1852, by two semilunar incisions embracing the tumour. An artery of some size was cut in dissecting it from its attachments, which bled so freely as to require a ligature. The external jugular was laid bare for an inch by the operation. I drew the edges of the wound closely together with several fine points of suture, and the wound healed so kindly as scarcely to leave a trace of the operation. The tumour was soft and friable, and of the kind denominated dermoid by Dr. Warren, and happily called eiloides from its resemblance to bark.
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> "The patient was under the influence of chloroform, but while he was insensible to pain, and unable to move, was entirely conscious of all that was done, and repeated everything that was said during the operation. It would be well if this happy point could always be hit in the production of anæsthesia."

The substance of Dr. Batchelor's article on the *Gelseminum Sempervirens,* will be found in our eclectic department.

Dr. W. Taylor, of Taladega, presents a valuable paper, entitled

"*Changeability of Disease.*" He argues from nature and observation, the constantly changing nature of disease, rendering necessary from time to time different plans of treatment, in diseases which are handed down from generation to generation by the same name, but whose types have undergone a marked change.

Of the prevailing typhoid tendency in disease and the abuse of purgatives and mercury, Dr. Taylor speaks as follows:—

> "It must be admitted that there has been of late years, a natural tendency in most of our diseases to assume a typhoid action. How far this condition is dependent on natural causes, such as meteorological changes, cultivation, &c., and how far on injudicious treatment, remains for future experience and observation to decide. That there are many cases of artificial typhoid, brought about by injudicious treatment—chiefly by the excessive use of purgatives—I have no doubt. There is too much indiscriminate purging in the treatment of our fevers. It is true, that many diseases require purgatives, and many others tolerate them without rapid prostration; but as a general thing, they are more abused in domestic practice, and I am sorry to admit, by some practitioners, than any other class of medicines in the whole Materia Medica. Periods may occur, in which most diseases bear the use of purgatives with impunity, but this does not argue their indiscriminate use. The dogma of Hamilton and Cooke, had its origin in one of these periods, but it has been persevered in, by their disciples and followers, without regard to the constitutional changes of disease, to a fearful, and mischievous extent. Many of them, regard the liver as the offending organ in almost every malady, and according to their favorite doctrine, commence torturing it with Cooke's pills, calomel, and the various purgatives of mercury, and continue it for an incredible length of time. Some physicians of this school, seem to consider their patients Promethean-livered; and as Jupiter bound Prometheus of old with chains, and sent an eagle to prey on his liver, which grew every night as much as it had lost in the day, so these modern Jupiters in medicine, confine their patient, and send a vulture in the form of mercury to prey on their livers at night. The chief difference in the comparison, arises in the liver of Prometheus being inconsumable, while that of the modern patient is highly vulnerable.
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> Mortifying, as may be the acknowledgement, I am forced to admit, that I have seen physicians who stood high in the community as practioners, prescribe a dose of mercury almost every night, for weeks in succession, when nothing in their condition required its administration. How then, can we expect otherwise, than that this valuable agent should fall into disrepute with the community, and become at once the *opprobrium medicorum*, when they see daily, its deleterious effects, from such rash empiricism? But let me not be understood, as being in any way, opposed to the judicious use of this valuable medical agent. Nothing is further from my purpose, than to attempt in any degree, to disparage it as a remedy. It is only to its abuse, its too common administration, which has brought it into such odium with the community, as to render it difficult of administration without disguising it, that I object. So much opposed, are many persons to using it, even when their condition require it, that the practitioner is sometimes tempted to resort to the most artful stratagem in order to cause them to take it. That this state of things has been brought about, by its too common, and indiscriminate use, there can be no doubt."

Dr. T. is an advocate of the "abortive" treatment of fevers by quinia in ten, twenty, thirty and forty grain doses. Our Southern brethren certainly have good opportunities for observation in this matter, and it becomes us to treat their opinions with all due deference. Of the employment of quinia in typhoid fever, Dr. T. says,—

> "If I had never seen the happy effects of quinine, in typhoid fever, in other seasons, localities and climates, I should have been disposed to condemn it, as a remedy in this form of fever. But its failure served only to impress me, with the great medical truth, that diseases viewed from different points, present new aspects, and require new modes of treatment. Many a medical knight, has shivered his lance against the shield of his antagonist, when perhaps, an interchange of position, would have convinced each other, that both were right, and both were wrong. And did our talented President practice medicine in New Orleans, and Dr. Fenner in Montgomery, they might perhaps, approximate each other's views on the points, more closely than they do at present."

In conclusion the doctor predicts that "as our country grows older, and becomes more densely populated, the luxuries of life will continue to increase, and the habits of the people become more artificial and complicated." As a consequence diseases will continue to change,—remittent and intermittent fevers giving place to fevers of an irritative character, while these, and other diseases will be modified by constitutional and hereditary diseases which will increase in frequency. Diseases of a tuberculous and scrofulous character will also increase :—

> "In future ages, when large cities shall have sprung up, in our now sparsely settled country, with a crowded population, filthy and ill-fed inhabitants, and ill-ventilated residences, the increase of cachectic diseases will be greatly favored; and as these conditions continue to multiply, diseases of a scrofulous character, will be found to abound in almost every form."

We trust that such sanitary regulations will be instituted in all our States, as will prevent an increase of these diseases from the causes mentioned in the above quotation.

For the sake of morality and religion, as well as humanity, we trust the doctor's next prediction may never come true—viz: the spread of the syphilitic taint. To have it become so "interwoven with almost every form of morbid derangement, and thus become a prolific source of chronic disease" would be worse than—Hahneman's psoric theory!

The aura prophetica still holds the doctor, and he goes on to predict that the neuroses, will be more common, causing an increase in mental affections. Gout, goitre, and cretinism will also increase. Some of these predictions are certainly very plausible, but we again express the hope that proper sanitary regulations will be adopted, which, properly enforced, will most certainly prevent a great deal of the sickness he anticipates.

The essay on "The unity of disease" we fail to comprehend. Either, we are very dull, or, it is a meaningless jargon of unintelligible words and phrases, we are bound to believe the latter, in part at least. However, due allowance must be made for a profusion of typographical errors, a fault throughout the whole work, which ought not to have escaped the attention of the committee of publication.

Lastly we come to Dr. L. H. Anderson's prize essay on the "*summer and autumnal fevers of South Alabama.*" We are sorry that our limited space will not allow as extended a notice of this valuable paper as its merits deserve. Dr. A. gives a brief review of the leading phenomena of the various forms of Intermittent fever. Of the malignant forms of the disease, always to be dreaded we find some very judicious remarks. These are ordinarily ushered in by what is usually termed a "congestive chill," the congestion affecting the various organs of the body, as, the pulmonary, cerebral, or some of the abdominal. Alluding to a criticism of the term "Congestive chill" the doctor says, "whoever has many 'congestive chills' to treat, will come to think respectfully of them under any designation."

The detail of symptoms, &c., of the various forms of malignant or "congestive" intermittent, are very interesting and useful, but we must pass over them. The treatment must be prompt and decided, as a return is "always dangerous, and a third paroxysm commonly mortal." The remedy is quinia "liberally administered," and the importance of recognizing the disease from the commencement, is self-evident, considering the short time we have to combat it:—

> "The intermission in malignant cases, is generally as perfect as in mild attacks, and herein is the great danger among those unaccustomed to the disease. The patient and his friends are lulled into a false security, and are liable to fail of improving the golden opportunity offered, for arresting the attack. Or perhaps the next paroxysm anticipates its usual hour, before a sufficiency of quinine has been taken to put the system under the influence of the remedy."

The following case of masked malignant intermittent, is interesting and instructive:—

> "I recollect having been called some years ago to see a lady who had had an abortion in the sixth week, and still had considerable uterine hemorrhage. I found her cold, pulseless, in a clammy sweat, and with a weak whispering voice. Her breath cold, and tongue pale and cool to the touch. The symptoms were all attributed to the loss of blood. It was in the spring of the year, and intermittents were not common at the time, though the autumn before had been quite sickly; so that malarious disease was not thought of. I tamponed the vagina, and arrested the flow of blood, but the patient did not rally: stimulants internally administered were rejected immediately. There was great oppression of the stomach, and a feeling of sinking and of weight about the præcordia, pain in the back, &c. These symptoms were all referred to the hemorrhage, and were treated with sinapisms to the spine, and to the extremities, friction, warm applications, &c. In about thirty hours the patient got a little warmer, and began to

revive, having commenced taking brandy-toddy as soon as the stomach would bear it, and kept upon it until she was pretty well intoxicated. I left her after re-action seemed to have commenced, expecting that she would gradually improve, and went to see other patients. In thinking of the case, however, and of the close resemblance the symptoms had to those of malignant intermittent, I suspected that she might have had a chill previous to the abortion, and that this and the flooding were mere effects of the intermittent. I lost no time in hurrying back to her, and on strict inquiry, learned that she had complained of being quite chilly for an hour or more before the flooding came on, and had had warm applications made to her feet, &c. There yet remained several hours before the time at which the chill should return, supposing it to be a tertian, and I immediately commenced the liberal exhibition of quinine—five grains every twenty minutes till about forty grains had been taken—adding one-fourth grain morphine to the two doses given just before the time for the return. There was a slight hemorrhage, and a little feeling of chilliness about the same hour that she was first taken, but both soon passed off, and the patient had a favorable recovery. It may here be remarked that abortions and miscarriages are more common when intermittents prevail than at other times, and that this accident commonly happens, during or shortly after a paroxysm of the disease. The chill and the pains come together, and if the abortion does not occur in the first paroxysm, it is very liable to do so in the succeeding one."

The mild form of *Remittent*, is emphatically *the* fever of South Alabama. Its symptoms, course and treatment are well described. On the subject of *Critical days* our essayist says in this connexion,—

"The fever thus continues, sometimes rising at the same hour every day, and sometimes later on alternate days, until the sixth day, when if the observations of the writer of this essay are worth anything the fever, (if it is to terminate favorably,) has a decided *spontaneous* tendency to decline, and to leave the patient free from disease on the seventh day. The fever is generally at its height on the fifth day, and in bad cases, this is the day of danger. In malignant tertian intermittents the fifth is the day for the third paroxysm, universally known to be the most hazardous, and when death occurs in the disease, it commonly takes place either on this day or during the next. Commencing practice with an utter disbelief in the doctrine of critical days, the contrary opinion has been forced upon me by actual observation. I am aware that the idea is discarded by the majority of physicians of the present day, but I think that if any practitioner in the south-west will carefully note down the days on which malarious fever makes its appearance, and record accurately its subsequent course, he will find that the doctrine has a foundation in fact, and is worthy of some consideration. It is true that the fever may often be made much lighter, or apparently arrested by the administration of quinine, during the remissions; but it will generally be observed, that the patient does not frankly recover, and that it is not until the seventh day, that he seems actually well, or clear of all symptoms of the disease. This view of the natural course of fever has something more than a speculative interest. It should by no means induce us to withhold remedies, but it will prevent us from medicating it too actively, and, as in rubeola, scarlatina, &c., to hold our treatment in a measure subordinate to the natural duration of the disease."

With regard to the *Pathology of Miasmatic* fever, our author, after briefly stating the various doctrines that have been held, proceeds as follows:—

"With regard to the fevers of our continent, however, observation shows that they are *not* a unit. In different sections, they are radically different in their remote and exciting causes, and not less so in their essential nature and their phenomena. They require different treatment, and are altogether different in their post-mortem appearances. They may be divided into those of *animal*, and those of *vegetable* origin—the former embracing the contagious, as variola, rubeola, typhus, &c.—the latter, the different forms of miasmatic or "bilious" fevers. The febrile cause of the former seems to operate primarily upon the *nervous system of animal life*—and only secondarily upon that of organic existence—that of the latter, spends its violence upon the *nervous apparatus of organic life*, affecting only secondarily the cerebro-spinal system. That the contagious and infectious members of the zymotic family of diseases, are produced by the operation of an animal poison, it is probable no one will deny; and the disturbance of the nervous and sensorial function; the muscular prostration, the subsultus, the delirium, and the lesions of animal sensibility generally, show us where the shock of the disease principally falls. That the bilious diseases are of vegetable origin, however, pathologists are not so unanimous. But when we see this class of affections prevailing most extensively and virulently, when vegetable decay is most rapid and abundant, we are at once furnished with a common sense reason for believing the undetected poison, which, for want of a better name, we call malaria, has a real existence and is the cause of the fevers that prevail where circumstances are favorable to its production. A brief glance of the fever generated under such circumstances, show that the cause acts primarily and often entirely, upon the organic system of nerves. A man is struck down suddenly and without warning, with an attack of congestive intermittent. After lying for hours in a seemingly moribund condition, he begins to improve, and after the lapse of some thirty hours, is restored to apparent health, having suffered little or no diminution of physical energies. He takes some twenty grains of a vegetable alkaloid, which has the effect of confirming his restoration to health. This precaution is perhaps neglected, and he suffers with a second or third paroxysm of the same character, much more violent, however, at each return. We now see him bedewed with an icy sweat, hear him speak in a low, husky voice, see his eyes sunken and his features pinched, and feel his pulse weak and thready. Yet this man will take an interest in things around him, converse rationally, rise unassisted from his bed to go to stool, may take a turn around the room, and get back unassisted to bed, in spite of his apparent muscular prostration—to expire perhaps in an hour. We are then convinced that little or no lesion of the nerves of animal life exists, but that the cause of his disease has spent its force upon the great centres of the organic system—the system that overlooks secretion, controls, to a great degree the motions of the heart, and the æration of the blood; and in fact all those involuntary actions, which, together make the sum of organic existence."

And further, he says,—

"The mode in which the symptons of autumnal fever are most certainly relieved, considerably favors the congestive theory of the disease. The secretions of the liver, the pancreas, the intestinal exhalents, &c., being restored, we seldom have any difficulty with a bilious fever. Mercury, we know, acts specifically on the liver, and its secretory energies being aroused, it elaborates into bile much of the venous blood thrown upon it by the portal veins, and so discharges it from the organism: the evacuations frequently resembling thick clotted blood, or having a tar-like appearance. No doubt the myriad exhalents of the intestinal canal also contribute their quota to the unloading of the veins and capillaries of their textures, but their discharges are not so apparent. Now in typhoid fever, the case is aggravated by bilious dejections, the bile proving no doubt irritating to the inflamed or ulcerated patches: but in all diseases of a "bilious" nature, whether fever, mild or malignant, cholera morbus or cholera infantum, bilious colic or bilious pneumonia, we find the case immediately to improve, upon obtaining the free cholagogue operation of mercury."

Dr. A.'s views of the pathology of these fevers, may be deduced from the last quotation. He records the following as "on several accounts the most satisfactory necropsy" he has observed. Patient was young and had been generally healthy, was sick but a few days, took little or no medicine, and the body was examined very shortly after death:—

" *Tillah*, black: æt. 30; slave of H. McDaniel, was taken on Wednesday with a chill followed by a fever, and continued unwell for several days; she complained but little, and was not believed by the family to be seriously ill. On Friday she was cupped over the epigastrium, and had a dose of blue mass followed by oil next morning. After this operated, she took 10 or 12 grs. quinine; was thought better on Saturday, but took a chill on Sunday, and died in a few hours without re-action.

Autopsy, ¾ of an hour after death. Habit of body spare; little emaciation, features natural, abdomen of natural fulness.

Head—not examined.

Stomach—seems somewhat contracted—contains about a pint of dark green fluid; mucous membrane pale—no traces of inflammation.

Duodenum—mucous membrane injected at lower part.

Jejunum, ileum and colon—the venous trunks deeply engorged, imparting a deep brown colour to all this portion of the bowels; mucous membrane in some parts brightly injected, and in others of a very dark colour, moderately filled with deep yellow fæces of a semi-fluid consistence.

Spleen—not much enlarged, but of a pultaceous consistence, resembling a clot of blood in texture.

Liver—enlarged, not softened—of a deep bronze colour: seems engorged with venous blood; no distinction of the colours on a cut surface: gall bladder moderately filled with deep brown bile.

Internal venous system—engorged everywhere with thick blood."

The remarks on the *treatment* of the various forms of intermittent and remittent fevers are judicious and to the point.

There is an expedient often resorted to for the purpose of "breaking" a chill in the South and South-west, that the generality of practitioners at the north, either are not aware of, or neglect to resort to. Dr. A. speaks of it as follows:—

" Tourniquetting the limbs, has been mentioned by several writers as assisting in keeping off a chill, and I recollect a case in which the application of this principle was strictly exemplified. I was called to see a man and his wife who were both ill with intermittent. He was shaking violently when I got to the house; the lady's chill had gone off, and she had a high fever. Happening to think of the tourniquet practice, I tied up the man's arm and thigh on opposite sides, so as to compress the veins, and very soon he stopped shaking altogether, and said he felt more comfortable. His wife requiring bleeding, and no bandage being at hand, I took the handkerchief off of the man's arm for the purpose. He, at the same time, loosed the one on his thigh, and the shivering very soon returned as violently as ever. Since that time, I have often used the bandage, and sometimes with great apparent benefit; frequently applying it to all the limbs, near the trunk. The quantity of venous blood thus retained at the surface is very great, and the practice I think, is worthy of more extensive adoption."

For the same purpose the inhalation of ether or chloroform is suggested.

On the employment of opium in remittent fever, the doctor guards against its use in *incipient ptyalism* as follows:—

"There is one condition of the system, however, in which opium is positively dangerous. This condition is that of *incipient ptyalism.* The long suspended secretions of the liver, the salivary glands, the pancreas, and the innumerable follicles of the intestinal canal are released, and the organs that produce them started into activity by the influence of mercury. The fever has been conquered, but the system though relieved, is panting after its victory over the enemy. If a large dose of opium be now given, for instance to relieve local pain or to produce sleep, it will perhaps effect the purpose intended, but in many cases it will also suspend all the secretions which have just been re-established. They will be thrown back upon the organs producing them and a *remora* will take place in these organs which will overwhelm their capillaries and paralyze their nerves. Renewed fever, is the consequence, and an irritable nervous condition, distressing to the patient and perplexing to the physician, who does not understand the cause. Perhaps he will give another dose of opium to allay the irritable state in which he finds his patient; and may thus, for a time, lull him into a stupor which will partially conceal the symptoms, but by so doing, he will add to their cause. The treatment that will readily suggest itself in such a case, is to re-establish the mercurial influence, and restore the arrested secretions. This is to be done by small doses of calomel or blue mass, counter irritation along the spine, over the liver, stomach, &c., by mustard, dry cupping, &c.—the bowels should be opened if necessary by enemata, or by mild cathartics, and every possible obstacle removed to the operation of the mercury. If ptyalism can be renewed, the patient will be relieved; if it cannot, his case is a dangerous one. On this point the writer speaks from an experience which he thinks he cannot mistake, and but for the fear of being tedious, would relate several cases amply illustrative of it.

The above remarks relate only to *incipient* salivation—say to the first twenty-four hours after its appearance. When it is well established it is not so easily arrested by opium, and the latter remedy may be used to alleviate the pain attendant on the affection, or for any other purpose for which it may seem to be indicated, care of course being taken not to give over doses of it, or so much as to produce constipation."

Where it is necessary to employ blisters Dr. A. believes that Strangury can uniformly be prevented "by smearing the plaster with oil of turpentine," before applying it.

He highly recommends the employment of *sinapisms* first over the right and then over the left hypochondriac region, from the spine to the epigastrium, thereby belting the body with a rubefacient impression. He says, that in nine cases out of ten he has found it to excite the liver to action, and cause dark and consistent evacuations, in place of watery ones. In obstinate cases blisters are recommended:—

"The writer regards the effect of sinapisms in promoting the secretory action of the liver of so much importance, that if there were any one point in the treatment of malarious fever, which an experience of fourteen years has afforded him, that he would more regret to lose sight of than another, it would probably be this. Mercury is injurious in fever if it does not produce its legitimate action, and whatever adjuvant will promote this action, is scarcely less important than the remedy itself. It is sometimes necessary also to apply the sinapism along the cervical and dorsal vertebræ as well as over the hypochondria, so as to produce a rapid revulsive effect over the roots of the spinal nerves and the ganglia of the sympathetic; and the rubefacient to this part should always be applied where there is much difficulty in exciting the liver to action."

We have been tempted to quote largely from this essay, and from other portions of these excellent Transactions, and would gladly quote more, did not time and space warn us to bring our review to a close. But though we have occupied much space, we feel assured that our readers will find that we have culled much practical and useful information from the Transactions of the two societies above noticed.

The review will be continued in our next, and the Transactions of the New York and Pennsylvania societies noticed. S. W. B.

A Clinical Phrase Book: In English and German, containing the usual Questions and Answers employed in examining and prescribing for patients; Questions in asking for, and buying medicines, etc., with an English-German and German-English Pronouncing Lexicon, of all the words occurring in the phrases, with the chief technical terms of Medical writers and Apothecaries; Grammatical Appendix, Table of Idioms, &c. Designed to aid Physicians and Surgeons in Hospitals, Alms-House and Private practice; Also, Druggists and Pharmaceutists, in Dispensing their Prescriptions. By MONTGOMERY JOHNS, M. D. Philadelphia: Lindsay & Blakiston, 1853.

The object of this book seems to be to facilitate the intercourse of physicians unacquainted with the German language, with their German patients. An alphabet and Lexicon are furnished, and a great variety of questions and answers, adapted to the various diseases of the human system, and their various stages and conditions. The answers give that latitude that is generally accorded to similar replies in our own language, so that a good degree of positive information may be had relative to those subjective symptoms that are necessary to a correct diagnosis. We have no doubt the book is to be a useful one.

A Treatise on General Pathology: By Dr. J. HENLÉ, Professor of Anatomy and Physiology in Heidelberg. Translated from the German, by Henry C. Preston, A. M. M. D. Lindsay & Blakiston, 1853.

In the work before us, Prof. Henlé has collected the physiological facts, observed by himself, upon diseased bodies, together with the theories and hypotheses pertaining to them, with a view of pointing out their place in what he calls the embryonic history of the science. The author is evidently of a metaphysical turn of mind, and steps boldly forth into the field of hypothesis, with an ardent desire to raze every insecure foundation that may come within the scope of his research, and build upon its ruins a new and substantial edifice, that shall be more enduring than the faulty empiricism, which now hangs about us, like so much flimsy drapery, affording no protection from the mists of a false and dangerous philosophy. The work is none the less valuable to us, on account of this peculiarity—for so long as we stand, without the ambition to pursue new and untried paths, we shall cease to make those discoveries to develope which is the true destiny of the Genius of Medicine—for it is certainly true, that "our Science cannot take a step in advance, which she has not first marked out by an hypothesis."—The Editor commenced the translation of this book from the German, for his own private instruction, but has been induced to give it to the public, as a faithful transcript of the author's views—for which he deserves the thanks of the profession. The publishers will accept our acknowledgments for it.

The Action of Medicines in the System; or, "On the mode in which therapeutic agents introduced into the Stomach produce their peculiar effects on the Animal Economy"—being the Prize Essay to which the Medical Society of London, awarded the Fothergillian Gold Medal for MDCCCLII. By FREDERICK WILLIAM HEADLAND, B. A. M. R. C.S., &c., &c. Philadelphia: Lindsay & Blakiston, 1853—pp. 360.

We are indebted to the Publishers, for Headland's prize essay. The subject of it is one of importance, of difficulty, and of great interest. We have not had an opportunity to read it thoroughly, but the fact of its having gained the prize of a learned society, devoted to the pursuit of science, is a sufficient guaranty of its value. The author considers ten propositions in which are embraced the various actions assumed by remedial agents when taken into the stomach.

> "The first four of these concern the general conduct of medicines after their introduction into the stomach, and before their passage into the blood. Some broad rules are laid down by which the course which they take must be determined. The action of some few on the mucous membrane is also defined.
>
> The remaining six propositions treat of the subsequent behaviour of those medicines which pass into the blood and fluids of the body. Of these, the fifth specifies their general course. The sixth states that they may undergo certain changes in the system. And the concluding four treat of the various modes in which these agents may operate in the cure of the disease."

With this brief extract, we must leave the subject, remarking, that while some of the views presented may be new to many minds, and even unsatisfactory, they are, nevertheless, worthy of thought. Many of them seem to us conclusive, and the work may rank among the foremost in this branch of science.

EDITORIAL.

The Late Meeting of the American Medical Association.

In the last number of our Journal, will be found a detailed account of the proceedings of the late meeting of the American Medical Association, held at New York; and in taking the pen to notice its action in certain matters, we confess ourself not a little disappointed at its results. We shall try to write, however, without prejudice. As year has been added to year in the history of medicine, the truth has become more and more prominent, that charlatanry, in its various forms, has grown to be a monster evil, desecrating the profession with its contact vile, and sweeping over the land, with its threatening arm outstretched, to corrupt the public mind, and woo the credulous, and ignorant, into confidant companionship with itself. And as this storm was raging through the great Empire State, her faithful sons, with a true and noble devotion to the interest of medicine, met, and resolved to stay its progress; and this effort extending from North to South, and from East to West, the talent and energy of the great American phalanx of physicians, all over our broad land, has been collected, and exhibited, in the various meetings of the American Medical Association, till, making a wide circuit through this continent, it meets again at the point of its departure, completing a circle in which is comprehended the entire nation. But alas! alas! after all this toil, and expense, and travel, it is evident that these efforts have so far been vain, and that at this very day, empiricism runs its wild course, with less restraint than ever. Now, it is of interest to enquire what was the starting point in the policy of this Association. All will admit, that it was to elevate the standard of morals, and learning, in the profession—and, if we are not mistaken, the first remedy proposed, was to separate the teaching, from the licensing power. The great fact was elicited, as the cause of the difficulty, that as it was to the pecuniary advantage of professors to secure a large attendance of students at their lectures, and then, as it added greatly to their reputation to graduate as many as they possibly could, so, if the power of conferring degrees was relinquished by them, it would argue, (should any considerable number of their candidates fail to pass an unprejudiced and critical examination,) that either the teachers had not done their duty, or that the pupils were deficient in ability, or industry, to obtain a diploma.

Now, there can be no doubt, that professors as a body, do their duty in the matter of teaching—and that they teach not only medical students, but by their researches, and experience, are constantly developing new discoveries, for which they deserve the gratitude of all the world of science; but yet, how strange, that men with such opportunities for usefulness, and possessing such means of research, by which they may spread their fame, will cling to the little remnant of glory, that hangs about the College catalogue. It is well known that no decided action has been had upon this subject by the Association; no effort to rest the licensing power with disinterested examiners has been successful; no allegiance has been acknowledged by the schools, (we believe with two honorable exceptions,) to the expression of the will of the whole profession on the subject of lecture terms, &c.; on the other hand, lecture terms are not lengthened, diplomas are cheapened, the standard is lowered; and then, after all, when the great reformatory movement rolls around again to its starting place, the whole question is settled, by issuing the two following recommendations: First, "to require of every graduate or licentiate, his signature to the code of Ethics of this Association, and to furnish him with a copy of the same;" and secondly, that "the formal administration of a pledge faithfully to observe, and keep the said code, form part of the public exercises of Medical Commencements." We hope to see good come of these recommendations, but our faith is weak.

As to the question of delegation, it has taken a comfortable go-by, and rests in quiet obscurity, at least for another year. Two able reports last year were referred to a Committee of Censors, who produced an entire metamorphosis at the same session—and this, being laid over by rule till the New York meeting, was there silently buried without so much as the sound of a funeral dirge over its remains. The idea of which the Association was originally the embodiment, seems now to be completely lost. It has turned upon itself, and poisoned its own life—though not without the hope of restoration perhaps—for it appears that just at the last, Dr. Bolton, of Virginia, gave notice that he "would propose amendments to the Constitution submitted to this Association, by the meeting at Richmond last year, and which have been indefinitely postponed, for adoption at the next annual meeting at St. Louis." The evident impotency of the Association, in these matters of reform, is to be lamented. But why is its arm so powerless? The defect must be in individual delinquency. If the members of a body are sound and true, the body itself will be sound and true. But in the whirl of strife between man, and man for money, and for renown, the true is often lost in the false; the high moral bearing that has ever distinguished our profession, and made it honorable, sinks to the level of low competition, and physicians are found as other men, loaded with the clogs of selfishness. Thus burdened in our private relations, we strive with one another. School is arrayed against school; the interest of one, is confessed to be the disadvantage of its rival; no common tie is acknowledged; no common end is sought. This spirit being the direct opposite of that which originally claimed for our profession a high distinction among men, for its disinterested benevolence, unless checked in its development, must, of necessity, reduce the most ennobling of all human employments, to the low standard of a common trade. We fear that such is the tendency of the present condition of the medical profession in this country. We would not, however, inculcate the idea, that there is no redeeming agency at work. There are those, who, in the retired walks of private professional life, are gaining for themselves, and their high calling, the well-deserved meed of public confidence and esteem; there are those Colleges, in which is maintained at comparatively pure curriculum; and those Associations that are based upon sound principles—these are the conservators of professional purity, and just in so far as they are, or may be, enabled to infuse their spirit into the mass, will the title of M. D. be restored to its wonted dignity.

The amendments renewed by Dr. Bolton, contemplate a thorough change in the organization of the Association. The schools, however, have mostly opposed them; they will continue to press their opposition; and if they continue to be successful—upon them will rest the responsibility of having laid waste the fair reputation of an exalted profession, by their puerile strife for vain honors. Should the principle of delegation be established upon the right foundation, the other reform will follow, as a matter of course; teaching and licensing will be separated for obviously wise reasons—wise alike for professors, pupils, and people.

A few questions in conclusion. By separating the teaching and licensing powers, would not the reputation of professors rest upon a surer basis, and be more enduring than ever? Would not schools be represented, in community, by men worthy of confidence and support, whose probity and skill would reflect credit upon the learned professors under whose teachings they have sat? Are not skillful men, a better security than long catalogues? The herd of empirics, who at the present time infest society, boast that they are graduates of this, and that school, and the names of professors attached to their diplomas, are blazoned forth as their patrons and friends. To those who know, this passes for nothing; but in the eyes of the ignorant, it is received as the highest authority, and these schools are reckoned as abettors of quackery; with what degree of justice we will not say.

We have now in our mind, one of this class of babblers, who has suspended in his house, open to the view of his patients, two diplomas, hanging side by side; one from what is called a regular school, and the other from a homœopathic college, in which latter no doubt, the moral sense of the graduate has been so far sublimated, and triturated, and passed through the various dilutions, as to become a mere infinitesimal speck, scarcely to be perceived by the keenest glance of the most transcendental vision. Now is the reputation of these professorial brethren, safer, in the hands of such a man, or is the advertisement of their schools as valid and reputable, under such circumstances, as it would be, with the diploma hidden in its case, but with the *man* honest, and true to the profession, and to himself? We are led to make these observations, because we believe that no pledge has the power to restrain such individuals; no revocation of a diploma will cut them off, unless the law of the land forbids their practice; and this cannot be hoped for. The only security is, in a well-grounded medical education, established upon a substantial moral character. And where is the man, unless he is an unrestrained enthusiast, a fanatic, or a lunatic, who has ever been ground into the profession, and had its principles infused through himself, that has left its platform, and followed after the airy phantoms, with which the present age is rife? We shall probably allude to these matters again, but throw out the above suggestions now, to elicit thought and enquiry.

PROCEEDINGS OF SOCIETIES.

In the Bibliographical department of the present number, we have devoted more space than usual, to the Transactions of Medical Societies, because much valuable information is to be derived from such sources, and with the hope that the county organizations of New Jersey, may be stimulated thereby to contribute more than they have ever yet done, to the medical news and literature of the times. We have abundant resources as a State, and abundant talent to develope these resources; but we lack the application, and industry to make them available for the promotion of science. Let our state and county societies be more active,—and their reports more full, and with our general system of organization, we can do as well as any State in the Union, both as to the character and number of our contributions.

Will the secretary of each county society, consider himself commissioned by the genius of our profession, to get a great deal of work done, and then report it to us? Let us all try to do better in the future.

PROCEEDINGS OF MEDICAL SOCIETIES.

[The following was crowded out of our last issue by the extended report of the Transactions of the American Medical Association:]

A quarterly meeting of the Burlington County District Medical Society, was held at the house of S. B. Campion, Mount Holly, on Tuesday, April 12, 1853.

The President in the Chair. The minutes of the last meeting were read, amended, and adopted. Members present—Dr. Butler, (President,) Drs. Stratton, Z. Read, Coleman, Budd, Trimble, A. Reid, Parrish, Page, Wright and Gauntt.

On motion, Drs. Wm. Bryan, of Beverly, and J. J. Wright, of Columbus, having been proposed for membership at the last meeting, were balloted for and duly elected members of this Society. Dr. Wright being present paid his initiation fee, signed the Constitution, and took his seat as a member of the society. Dr. Stratton made some pertinent remarks on the propriety of revaccination, in which he sustained the opinion, that for full protection, it was highly necessary and important that it should be practiced whenever a person is likely to be exposed to the contagion of small pox, or varioloid.

Dr. Budd made a very interesting statement in regard to the contagion of puerperal fever. He said he had a short time since met with a case which had arisen as an original disease, where there had been no communication with infected persons. In this case he was obliged frequently to use the catheter—during which time he was called to attend a patient in labor, who was safely delivered in a few hours. In the course of a few days she was seized with the worst symptoms of uterine phlebitis. She died shortly after the attack. A few days after, he attended another patient who was attacked with the same disease in a malignant form. The first and last recovered. He declined attending obstetrical cases for some time through fear of communicating the disease. There were no other cases of a febrile or inflammatory character at the time, in that section of the country. Dr. Stratton related several cases corroborating the doctrine of contagion—which had come under his own care, where the disease had been communicated by both physicians and nurses.

Several of the members took part in the discussion of this interesting subject.

The delegates, appointed to attend the Annual Meeting of the State Medical Society in January last, report that they were not able to attend except Dr. Martin, who exercised his power to fill vacancies by appointing Drs. Z. Read, Butler and Gauntt. The State society made a distribution of $10 to each District society; for further particulars they referred to the published proceedings in the New Jersey *Medical Reporter.*

Drs. I. P. Coleman and A. E. Budd, were duly elected delegates to represent this Society in the American Medical Association, to be held in New York on the 3d of May next.

The proceedings of the American Medical Association, for the year 1852, was taken of Dr. Stratton at the subscription price.

On motion, adjourned to meet at R. C. Humphrey's, on the second Tuesday in July, 1853.

FRANKLIN GAUNTT, *Secretary.*

EDITOR'S TABLE.

Courtesy demands that we should devote some space monthly, to a brief notice of the various minor medical publications, which come to us through the mail. These consist of Essays, Addresses, &c., which are often exceedingly valuable to the medical man, though our narrow limits will allow of but a very short notice of them, unless in reading them over we happen upon an *original* idea of value—a rare commodity these days in too many of the issues from the press.

An Essay on Southern Typhoid Fever—By Henry A. Ramsey, M. D., of Columbia Co., Ga. This is a pamphlet of thirty-two closely printed pages, and appears to contain much that is valuable and useful. Dr. Ramsey seems to be a close observer, and holds the pen of a ready writer—but we respectfully suggest that he writes too much. Some one has sagely remarked,

> "If thou wouldst fain be thought a sage,
> Think a volume, write a page,
> And from every page of thine,
> Publish but a single line."

The *cacoethes scribendi* seems to have possessed the doctor ever since his obstetrical statistics were called in question at Charleston in 1851, and some of his writings have evinced no very amiable mood. Why does he not communicate his thoughts through the able journals in his own vicinity, rather than the Ishmaelitish medium some hundreds of miles away through which most of his productions reach the public? The above named is the most sensible of any that we have seen from Dr. R.'s pen.

Respiration Subservient to Nutrition; a thesis presented to the Medical Faculty of Harvard University, March, 1850, by E. Leigh, M. D., of Townsend, Mass. This is a well written essay, the aim of which is to prove that "the cardinal office of respiration is to supply the blood with oxygen, which, by its powerful agency may perfect the nutrient fluid, and fit it for assimilation, and which may also, perhaps, act directly upon the living tissues, thus having a most direct and intimate relation to the great central function of organic life, nutrition."

Essay on the Sudden Coma of Typhus and Typhoid fevers, and Typhoid Pneumonia; with illustrative cases. By J. Lewis Smith, M. D., New York.

New Views of Provisional Callus. By Frank H. Hamilton, M. D., Buffalo.

The Philosophy of Medical Science, * * * A Boylston prize essay, 1849, by E. Leigh, M. D., Townsend, Mass.

A Treatise on the Causes, Constitutional Effects, and Treatment of Uterine displacements. By William-Edward Coale, M. D., Boston.

Galvanism; its application as a remedial agent. By C. H. Cleaveland, M. D.

The above have been received from their respective authors. We would gladly notice some of them more in detail, but space forbids at present. We perceive that the author of the latter Essay has connected himself with a firm for the manufacture of a "*Galvanic Abdominal Supporter.*" On the cover of Dr. Coale's essay, also, we perceive an advertisement by James Miller & Co., for the manufacture of a certain belt recommended in the essay. These facts thus prominently announced, look as if the essays *might* have been written *for the purpose* of recommending the instruments spoken of. If that *is* the object of the essays, and the authors have an interest in the manufacture of the instruments, of course the fact will tend to detract from their value.

The Virginia Medical and Surgical Journal; Edited by Geo. A Otis, M. D., and Howell L. Thomas, M. D. "*Amicus Socrates, amicus Plato, sed magis amica veritas.*" Monthly, 84 pages, five dollars a year. Collin & Nowlan, and A. Morris, Richmond.

The above is a remarkably neat, and very attractive journal, both in its mechanical execution, and in the quality of its matter. The numbers received, give promise of future efficiency in the cause of medical science. It ought to be well supported. The "Chronicle of Medical Science" is made up almost *exclusively* from *foreign* journals. We hope that American observations will receive due attention, for it has been too much the fashion to rely upon European writers to the neglect of our own, who are certainly, we think, better calculated to be unbiassed and independent in their opinions, than any foreign observers.

We are sorry to have to announce the discontinuance of the *East Tennessee Record of Medicine and Surgery.* Under the control of its able conductor, Frank A. Ramsey, M. D., we had hoped for much aid from it in the cause of medical science. But the experience of one year has convinced Dr. R. that "in Tennessee, as elsewhere, there are many practitioners of medicine, but few physicians." He says, "the Record was established for a specific purpose, which has not been attained. In our zeal for the professional character of the medical men of East Tennessee, we wished to give them a home medium for the publication of their observations, experience and essays; but they have failed to avail themselves of it." Dr. Ramsey will, in future, be connected with the *Southern Journal of the Medical, and Physical Sciences*, published at Nashville. *

MISCELLANY.

It is reported that the distinguished *Dr. Marshall Hall* intends taking up his residence in this country.

The "*American Medical Society of Paris*" would seem by a circular recently received, to have established itself firmly. One object of the Society, and a good one, is, "to establish a library, chiefly of the books of American medical authors, which would be thrown open gratuitously to physicians from all parts of Europe, as well as of France," many of whom are now constantly in the habit of attending the meetings of the Society, and of referring to the works which have already been presented to, or purchased by the Society. Mr. Edward Bossange, 134 Pearl st., New York, will receive and forward any publications intended for the Society.

A new article of *invalid food*, termed *arabica*, has recently been introduced into Boston, which is attracting considerable attention. It is spoken of as "agreeable, and particularly nutritious," relishing when none of the ordinary eatables can be used. Dr. Litchfield, of Boston, is the agent.

M. Costé has been selected, by the French government, as supervisor of an institution for the *artificial* production of *fish!* This is done by the mixture of the ova of the female with the semen of the male in factories provided for the purpose. In nature, myriads of the female ova never become impregnated by not being brought into contact with the semen of the male. M. Costé's experiments have been eminently successful, and are likely to result in a plentiful supply of fish. This is making the most of the science of Embryology! Dr. Robertson, of Dunkeld, Scotland, has repeated M. Costé's experiments with success.

Recent experiments have demonstrated the fact that by mixing certain coloring matters, in the food of the silkworm, just before spinning their cocoons, silk can be obtained of any desirable color. Indigo thus administered, produced blue cocoons, and the *Bignonia chica* mixed with the mulberry leaves, produced red silk. The experimenter, *M. Roulin*, is still at work, with the expectation of producing other colors.

Drs. Wood and Bache, authors of the United States Dispensatory, are both in Europe.

We learn, from the *Stethoscope*, that the medical department of Hampden Sidney College, has established a chair of "*Physiology and Medical Jurisprudence.*" The latter subject, as well as *Botany*, are too much neglected in our schools. The editor of the *Stethoscope* says,—"It may be no business of ours, but we are in favor of preliminary education of students of medicine—senior and junior classes of medical sciences, at least ten chairs, prolonged courses of study, and a 'separation of the teaching from the licensing power.' Some one great school will spring up with all these characters, and it will meet with magnificent success." We simply say to our confrére that it *is* some of his business, and we are glad that he has spoken out. All the medical journals should take up the matter and discuss it.

A compulsory vaccination act goes into operation in England, on the 1st of August next, after which every child is to be vaccinated within three or four months from birth, under heavy penalties. *No fee is to be paid to medical practitioners, under this act*, and yet the *Registrar* receives a fee of three pence for every child vaccinated! Magnanimous Britain!!

An effort is being made to establish a childrens' hospital in New York. A good move, which ought to be set on foot in each of our large cities.

A notorious quack in New York, by the name of Watts, was recently sued for damages sustained by taking his "Nervous Cordial." The patient was subject to Epileptic seizures, and the parents were induced by a newspaper advertisement, in which a cure was guarantied, to try his remedy. After using fifteen to twenty bottles (at $1,00 a bottle), and finding she grew worse rather than better, they applied to him to return the money. He offered to administer it himself. The result was confirmed mania. The jury, after a deliberation of two hours returned a verdict for plaintiff of $1,100. The testimony in the case is interesting, but we have no room for it.

New Jersey Graduates for 1853.—*Univ. of Pa.* David Benson, A. V. Budd, H. C. Clark, P. F. Fulmer, J. Hart, J. S. Martin, E. F. Taylor, H. G. Wagoner—8. *Jeff. Med. College, Phila.* A. N. Batten, F. Herrmann, J. S. Johnson, D. S. Lessey, J. S. Locuson—5. *Pennsylvania Med. College.* T. T. Price, J. Sharp, W. R. S. Sharp—3. *University of New York.* J. R. Conover, P. T. Tunison—2. Total, 18. (We have not seen a list of the graduates of the College of Physicians and Surgeons of New York.) *

BIOGRAPHY.

Isaac Parrish M. D., was born at Philadelphia, March 19, 1811. Educated in the Classical Academy, under the government of the Society of Friends, where his father, the late Dr. Jos. Parrish, as well as Drs. James, and Wistar, Physick and Dorsey received their early training, and at the celebrated boarding-school of John Gummere, at Burlington, New Jersey. In 1829 he commenced the study of medicine with his father, and graduated at the University of Pennsylvania, in 1832, in the twenty-second year of his age. Spent one year as junior physician in Blockley Hospital, where his opportunities for experience being extensive, he manifested great devotion to his profession, and a particular desire for practical knowlege. He was conspicuous for his resolute moral firmness, and was never known to swerve from a principle which had once been settled in his mind as a correct one. Soon after he graduated he was made one of the Assistant Physicians, of an extensive Cholera Hospital, at the head of which the city authorities had placed his father. And in 1834 he was elected one of the Surgeons of Wills' Hospital, which position he held during the rest of his life:

"Dr. P. was the most active of his colleagues in bringing this hospital within the range of medical students as a clinical school. He gave the first regular course of instruction on ophthalmic surgery in that institution in the winter of 1839–40; and in succeeding years he was always followed through the wards by classes of students.

"As a lecturer, he was instructive and impressive; his voice was clear, and his enunciation distinct and emphatic. He was quick in seizing on the striking point of a case, and so great was his fluency and command of language that he never failed of impressing his auditors."

He was a conspicuous member of the College of Physicians of Philadelphia:

"His name appears very often in the printed discussions, and he wrote several very useful papers, besides five luminous "Annual Reports on the Progress of Surgery," all which are printed in the *Transactions* of the College." * * * *

"In the State Society, his accustomed activity was not wanting; he joined cordially in the business, and he wrote the Sanitary Report of the County of Philadelphia, which is published in the *Transactions* of the Society for 1851. He was one of the most conspicuous men in the County Medical Society, and was twice elected its vice-president. In fact, wherever a sense of duty led him, he found much to do, and he always did it with alacrity and vigor.

He felt from the first a sincere and even an affectionate interest in the establishment of the American Medical Association, and he was therefore appointed at the Convention of New York in 1846, one of a committee, whose duty it was to report on the subject of taking from colleges and other interested corporations, the right of conferring degrees and licenses to practice. He wrote a report on that subject for the Convention of Philadelphia in 1847, and it was printed in the *Proceedings* of that year. This document is worthy of being read again and again, by all who are ready to judge hardly of others, without knowing whether they themselves would do better in similar circumstances." * * * * * *

"At the meeting of the Association at Baltimore, in 1848, he was appointed one of a committee on Public Hygiène; and, at the meeting of Boston of 1849, he read an able paper "On the Sanitary Condition of Philadelphia," wherein he showed in strong colors the growing evils of a large and increasing city, and how they are sadly neglected, till remedies are hopeless, if not impossible. He shows what evils the inordinate cupidity of the landlord brings on the community, by building up alleys and courts with sub-courts, thus shutting out light, air, and therefore health, from the unfortunate inhabitants of these dreary abodes. He descants largely on the evils of those crowded habitations in generating typhus fevers, cholera, and infantile summer diseases."

Many valuable papers were from time to time published in the Transactions of the College, but one of great merit on the subject of "Congestive fever" that attracted much attention, appeared in the Amer. Jour. of the Med. Soc. for 1845:—

> "The author wishes to show that congestion is not the cause of prostration in this fever, that hence this prostration is not to be treated by bleeding. He considers the congestion a mere symptom of feeble innervation, and therefore to be treated by stimulants."

As a member of the Philadelphia Society for alleviating the miseries of Prisons, he was distinguished by his enlarged philanthropy, which exhibited itself in mild but firm resolves, to relieve the unfortunate victims of crime, while under the censure of the law.

In November, 1849, he read a report before the Society on the disproportionate mortality, and the relative length of sentences between the white and colored prisoners. The Society ordered it printed, and directed that copies be sent to the Governor, Judges of the Supreme Court and Courts of Common Pleas:—

> "In this highly valued report, he brought to light a mysterious practice of our courts, which ought to be considered by the public with no little solicitude. The negroes, for the same crimes, were almost universally sentenced for a much longer time than the whites, or, as Voltaire calls them, the ash-colored people. He shows too that the whites are pardoned at the rate of 15 per cent. with their *short* sentences, and that the negroes, with their *long* sentences, are pardoned at the rate of only 3 per cent."

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> "But Dr. P.'s labors in the cause of the prisoner did not end even here; he seems to have had continually before him the memorable words—"*I was in prison, and ye visited me.*" He read to the College in 1851, a paper "On the Mortality and Insanity in Separate-plan Prisons in England and America." It is found in Vol. I., New Series, page 173, of the *Transactions*. His object is to show that long sentences are dangerous to the health both of body and mind." * * * *

> "In his various writings, he always appears fully master of his subject, and to have made the best distribution of the different parts so as to render his piece both luminous and attractive; thus showing a full comprehension of his subject without neglecting the minute particulars, always abounding in medical description. Had he lived to practice and to write another twenty-one years, he might have proved one of the most distinguished benefactors of our science among the medical literati; for he not only had talents for communicating knowledge in an easy and pleasing way, but he was too good a man to pass through life without doing his part in the improvement of medicine, and "straining every nerve," as Sydenham said of himself, "that the cure of diseases after his death might be conducted with greater certainty."

On the 31st of July, 1852, after an illness of a few days he died of dysentery, at his residence, in Philadelphia, in the 42d year of his age—leaving behind him the testimony of a well-spent life, and the assurance of a preparation for death.—(*Memoir by Samuel Jackson, M. D.*)

Wm. R. Grant, M. D., was born in Pictou District, Nova Scotia, December 22d, 1811. He studied the elementary branches, in the neighborhood of his home, preparatory to an academical course. From school he was admitted to Pictou Academy, then under the late worthy and able Dr. McCulloch, whose favors and friendship he merited and maintained:

"When he had finished his academical curriculum, he commenced the study of theology under the late Thomas McCulloch, D. D., who was at that time Professor of Divinity to the Presbyterian Church of Nova Scotia. During the first year of his theological studies, he taught school in the vicinity, and boarded at home. He was much beloved and respected by his pupils, and satisfied his employers. While thus engaged, he showed much ingenuity in making different pieces of philosophical apparatus. He made a small, but complete electrical machine of considerable power, which afforded no little amusement and instruction to his acquaintances. Indeed, his taste for some of the mechanic arts continued through life.

About this time he was seized by an attack of chorea sancti viti, which gave him much annoyance. But, by the skill and attention of Dr. James Donnelly, of the Albion Mines, he recovered. He was afterwards visited by an attack of acute rheumatism, that disabled him about two months or more. He was thus brought for a considerable season into an acquaintance with physicians, and hence, it is thought, his attention was first drawn to this department of professional life.

Shortly after his recovery, he removed from the East River, to teach the grammar school at Antigonish, about fifty miles from his former residence. While teaching, he became acquainted with Dr. Alexander Macdonald, a respectable practitioner. After much thought, and consultation with his friends, he entered the office of Dr. Macdonald in the autumn of 1834, and commenced the study of medicine. Although he relinquished his intention of becoming a minister of the gospel, he did not become the less religious. During his residence at Antigonish, he occasionally joined the communion service with his friends at home, and was marked as a young man of sincere and decided piety.

After devoting two years to the study of medicine with Dr. Macdonald, he determined to complete his medical education in the city of Philadelphia. Accordingly, on the 29th of September, 1836, he sailed from Pictou for New York, where he arrived on the 13th of October. On the 17th, he reached Philadelphia, and immediately matriculated as a student of the Jefferson Medical College. Although he applied himself closely to all the branches of medicine, he had a special fondness for anatomy, and was skilful in dissection. He so distinguished himself in practical anatomy, that even during his second course of lectures—session 1837–38—as appears by his diary, he prepared many of the subjects for demonstration for Professor Pattison's lectures, and, although yet an undergraduate, he received the appointment of Demonstrator of Anatomy during the winter of 1838–39, which appointment he held until the summer of 1842, at which time he resigned his position for the purpose of engaging in private instruction." * * * * * *

"Amidst the engrossing occupations of Demonstrator of Anatomy, Grant presented himself, at the end of his third course of lectures, for an examination for the Degree of Doctor of Medicine, having prepared a thesis on 'Topical Application.'"

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"In June, 1842, Dr. Grant undertook to embalm a human body, and, for the purpose intended, that of transportation, was perfectly successful. A gentlemen from Canada, aged sixty-four years, died of cancer of the stomach, under the professional care of

> Dr. J. T. Sharpless, and his friends desired to take the body home in as natural a condition as possible. The weather, at that period, was very sultry, hot and wet, and the body, at the time of death, very much infiltrated with water, so that all things contributed to rapid decomposition. On the day of his death, the blood-vessels were filled with a saturated solution of bichloride of mercury, and the next day, a saturated solution of the acetate of alumina was injected, which communicated to the whole body a remarkable rose-colored, life-like appearance. It arrived home on the eighth day after death, with scarcely any change, the weather during this period having been exceeding warm, and no ice having been employed about the body. A report of the process is given by Dr. Sharpless, in the *Medical Examiner*, August 13, 1842, page 513."

In 1843, Dr. G. assumed the responsibilities of Penn. College then trembling apparently on the brink of ruin. During the first session, he delivered six lectures weekly, on Anatomy, and then upon operative Surgery, while he attended assiduously to the duties of the dissecting room. His connection with the College continued till the day of his death. His assiduity, in his official capacity, and his urbanity and paternal kindness to the members of the class, as well as his high Christian excellencies, manifested toward his associates, and to all who came within his sphere of action or influence, are engraven indelibly upon the memory, of those who knew him :—

> "Dr. Grant was a member of the 'County Medical Society,' the 'College of Physicians,' the 'American Medical Association,' the 'Academy of Natural Sciences,' and the 'St. Andrew's Society.'"

He died on the 28th of March, 1853, of valvular disease of the heart. —(*Memoir by Dr. Dr. Atlee.*)

DEATHS.

Died—At Cayuga, N. Y. May 20, *Dr. John Lawrence Milledoler.*

—— In Brooklyn, May 24, *Dr. Chas. D. Rossiter.*

—— In Albany, May 21, *Dr. David Martin.*

—— At New Haven, June 8, *Dr. James M. Thacher*, of Philadelphia, æt 30.

—— *John Manners, M. D.*, at his residence in Clinton, Hunterdon County, New Jersey, on Friday, June 24, at 11 o'clock, P. M., after an illness of six weeks of dropsy. He was aged about 66 years.

He was a Jerseyman by birth, and a son-in-law of the celebrated Dr. Cooper, of South Carolina—highly esteemed in his native State, and leaves many warm friends to bear testimony to his worth as a private citizen—a doctor of medicine, a lawyer, a chemist, and a politician.

He was the President of the New Jersey senate during the winter of 1852, over which he presided, with honor to himself and credit to his party, and was much talked of as the next democratic candidate for Governor of the state. He had many devoted friends, who mourn his loss; yet he had no near relatives to follow him to his grave—no parents, no wife, no children, no brothers or sisters, no nephews or nieces, and no first cousins of his own blood—a circumstance of rather rare occurrence.

He was one of the most learned men of his age, the master of two professions and one science; and, in them all, he had not skimmed the surface merely, but dived to their very bottoms. In addition to this, he had mastered three or four languages. Yet he possessed no great reputation among the masses of mankind, owing to the peculiar order of his genius, and a particular force of circumstances; but among the learned he was extensively known; and the quaint expression of Lord Coke, that "when a man of great learning dieth, much learning dieth with him," is peculiarly applicable to him.—*N. Y. Daily Times.*

Fracture of the os Frontis—loss of cerebral matter—Recovery.—Dr. R. T. Foote, of Society Hill, Alabama, reports in the *Southern Medical and Surgical Journal*, a case of fracture of the cranium, with loss of cerebral matter. The subject was a negro woman, and the injury caused by being struck while asleep, with the pole of an axe in the hands of a negro man. Seven pieces of bone, besides spiculæ, were removed, which, when put together, measured at least three inches square. The membranes and brain were considerably injured. The pulse did not, at any time, rise above 85, which, considering the character and extent of the injury, is rather remarkable. The patient recovered without any untoward symptoms.

Liniment of Hydriodate of Ammonia.—The following formula, which was furnished by Mr. George D. Coggeshall, has been extensively used as a quack remedy. It forms a nearly colorless liniment, containing an excess of Ammonia, is slightly stimulating, and exerts the specific effect of the iodine compounds:—

℞ Iodine	gr. xv.
Alcohol	f ℥vij.
Dissolve and add—	
Oil of Rosemary,	
Oil of Lavender, of each	f ʒi.
Camphor	ʒij.
Water of Ammonia	f ℥i.
Mix.	

Half an ounce of tincture of iodine might be conveniently substituted for the iodine in substance, diminishing the quantity of alcohol to 6½ ounces.—*N. Y. Journal Pharmacy.*

Apologetic.—When we say that the addition of four extra pages to the present number of the *Reporter* has been insufficient to accommodate the *original matter* prepared for it, we trust no further apology will be needed for the lack of selections from other journals. We have much matter selected, besides translations from French journals, which we hope to avail ourselves of, hereafter. The past two numbers of our journal furnish evidence enough that an enlargement is imperatively called for, and it is our purpose, permanently to enlarge the work again from the commencement of the next volume.

Dan Drake, M.D.

THE

NEW JERSEY MEDICAL REPORTER.

VOL. VI. EIGHTH MONTH (AUGUST 19th), 1853. No. 10.

Strangulated Femoral Hernia.—Operation—Death—Autopsy.

By I. P. Coleman, M. D.

It has been said of a candidate for the British House of Commons, when soliciting the support of his fellow citizens, that he promised to avoid extremes, that he abhorred ultraism, and should endeavor to steer —not between Scylla and Charybdis—but between right and wrong. How sound soever such doctrine may be for the statesman, or safe for the wily politician, it certainly cannot be relied on in the practice of surgery. The case to be related is one in point. Self gratulation is not only a very common, but certainly, most comfortable state of feeling. Wrapt in the sublime contemplation, we become heroes in our own estimation, and hero-worshippers only. Therefore, he who has the temerity to acknowledge a failure, has but little to expect from the magnanimity of such censors; as no one in his own opinion could have been guilty of such an oversight. Were the veil that shrouds the vast catalogue of humiliating results which tarnish our professional escutcheon more frequently raised, and the course of treatment, by which such results occur, faced with more manliness, the cause of medicine would be better served than by the continual parade of successful cases, for which, perhaps, neither we nor the agent used by us, have any fair claim to congratulation. If he who played the fantastic part of a Surgeon, in the case of a fractured leg, lately admitted into our Poor-House, would come forward and state the necessity or neglect, by which the line of beauty has been distorted into a semicircle, and the limb shortened one inch and a half, we might be furnished with both the beacon and the guide to enable us to shun the rock and lead to better success in future. But my business is with my own case, which I now submit.

On the 11th of April, I was called to visit a patient suffering under the usual symptoms of strangulated hernia, viz: nausea, vomiting, general distress, and a painful tumor in the groin. For several years the rupture had occasionally presented itself, but until this time had always been readily reduced, and never before was of more than half the present size. At this time it was about as large as a hen's egg, one half occupying the femoral space, the remainder mounted above, and resting on Poupart's ligament. It was firm, incompressible, and tender to the touch. The extraordinary descent at this time had been caused by a great effort to carry a basket too heavily laden. Attempts at reduction by taxis were made, in many of the modes suggested by the circumstances; for instance, the head somewhat elevated, thighs flexed, knees directed inward, that the tension of the abdominal muscles and fasciæ concerned in the stricture might be relieved as much as possible. The warm bath, enemata, the evaporation of sul. ether and the application of ice, were perseveringly used through the afternoon and evening. On the morning of the 12th, things remaining as they were, an enema of the decoction of nicotiana, ℥ij. to one pint of water, was given, which produced the most satisfactory prostration, reducing the pulse to 45 and rendering it scarcely perceptible. Notwithstanding this very favorable condition was maintained with but little variation for several hours, the efforts at reduction so frequently successful in similar cases, were unavailing in this. When reaction came on, the nausea and vomiting were much less frequent, and the soreness greatly diminished. Ice was again applied to obviate inflammation and encourage the fading hope of spontaneous evolution. Renewed attempts by taxis were made at intervals of five or six hours, until the morning of the 14th, when assisted by Dr. A. Reid, I operated for the reduction. An incision was made in the direction of the tumor, and equal to its whole length, two and a half inches. Upon reaching the peritoneal sack and exploring for the site of the stricture, it appeared to consist mainly, in the anterior margin of the ring, which was readily divided and the tumor returned without division of the sack. That it was entirely returned, we had the evidence in the loud gurgling resonance noticed, and gratuitously commented on by the women in attendance, and the conclusive fact of its being followed by the finger, which passed through the ring and swept freely around in the cavity of the abdomen. All feelings of pain and distress immediately subsided; the transition was a state of perfect comfort. The wound was dressed by suture, compress and the T bandage. Rest, the recumbent posture and use of the bed-vase were strictly enjoined. During the twenty-four hours following, there were two free fecal evacuations. The disinclination in the minds of many people of primitive habits to abjure the usages to which they are accustomed, and adopt those of more refinement and greater convenience, is sometimes extremely embarrassing, and, perhaps in this case, fatal. She could not be prevailed on to use the vase, but persisted in rising to the chair. In about thirty-six hours the vomiting again commenced, and occurred regularly at intervals of twenty-four hours. Meteorism soon became apparent, which gradually but slowly increased. Enemata of various kinds were frequently given, but invariably failed in procuring either fecal evacuations or escape of gas.

The incision, which seemed during the first forty-eight hours to be inclined to unite by the first intention, now began to discharge freely, which in a few days became ill-conditioned and offensive. Here was evidently a dilemma, an obstruction in the intestinal tube, but from what cause not easily comprehended; was it gangrene of the part which had been strangulated, invagination, acute inflammation and phlogosis, or relapse of the hernia? The wound was the subject of daily examination, and presented no external appearance of secondary hernia. The absence of fever and condition of the pulse, precluded the idea of phlegmonous inflammation. The possibility of intussusception having occurred, as the result of diminished vitality in the part, seemed probable. The thought of gangrene was abhorrent to the mind, as such a result would so directly be attributable to too great delay in the operation, besides the perfect repose following it, the return of appetite and fecal evacuations, the robust habit of the patient, the muscular strength, and vigor of body and mind sustained for several days, appeared to be conclusive that gangrene could not have existed at the time of the operation, and the obstruction only the result of its regular progression.

The fœtid discharge from the incision indicated most clearly the impending danger. Tonics were given, and brandy in the food; once, a few drops of ol. Tiglii were ventured upon (rather empirically I must confess) in the forlorn hope of forcing a passage by exciting powerfully the peristaltic and vermicular movements of the tube, hoping thereby to overcome, what—an invagination—a gangrene? However it was thrown off by emesis, and appeared to be have been productive of neither good nor harm. Eventually the patient died twelve days after the seizure, and nine after the operation. In the absence of Dr. Reid, I proceded to the post mortem, assisted by Dr. A. V. Budd, of Blocklèy Alms-House, Philadelphia. The abdomen was much distended with intestinal gas. The wound was filled with semi-putrid, ichorous fluid, and a small portion of the original hernial sack, containing a minute convolution of the ilium, the whole fold not comprising more than two inches of the intestine, and this almost entirely empty, containing ℈j or 2 at most, of fecal matter. This part was sphacelated, and the contiguous portions rapidly advancing to the same condition. Other appearances are of but little consequence to the present inquiry, as all morbid exhibitions had their origin in this particular lesion. How came this fold re-involved in the neck of the sack? What detained it? And what could have obviated the result? are the queries.

As the hernia had always been easily reduced, and but occasionally present, there were no adhesions of the sack, which admits a conclusiveness in the evidence of complete return by the operation. No cathartic was given immediately after the operation, therefore the evacuations were spontaneous, they were also natural in appearance. The entire emptiness of the involved knuckle would also seem to imply the completeness of the evacuation. The sack having been distended and its contractile power thereby diminished, it must have rested over the dilated ring as a flaccid pouch, ready to descend on the removal of compression and the resumption of the erect position, and in its descent carry that portion of the intestine which rested on it, into the vortex. Although the fundus of the sack had been distended beyond the power of immediate contraction, it was not so in respect to the cervix, to the same extent. This being more rigid, the tube once involved, would be retained with a firm grasp by the contracted neck, notwithstanding the artificial dilatation of the ring, which in fact was the case, as the resistance after death consisted in the neck of the sack upon the intestine, and not in that of the fascia on the sack. Having accounted for the descent and retention, it remains to be shown how the result might have been otherwise. In the first place, perhaps the figure of 8 bandage might have been more efficient. The T bandage was used and appeared to be satisfactory at the time, affording an amount of compression compatible with the condition of the wound, but as the abdomen enlarged by meteorism, it became less resisting. However, the secondary hernia did not occupy one fourth of the femoral space, and made not the least appearance of anterior protrusion.

The analogy in this case, to that of the politician who wished to steer between right and wrong, consists in the failure to divide the sack. It was right to operate, but wrong not to do it effectually. Serous inflammation is always to be deprecated, and in all operations, incisions rendering it certain, should be avoided if possible.

Successful operations without division of the sack are common, but in this case the security might have been greater by the section, as the cut surfaces could possibly have made adhesions during the first twenty-four hours, to the fixed peritoneum, sufficient to have prevented the descent. Certainly the neck of the sack could not have made the stricture, and what was really the cause of the difficulty could not have existed. More rigid enforcement of the use of the bed-vase might have prevented the catastrophe, as the weight of the viscera in the erect position must have been the great agent in the re-production of the hernia. Whilst in the horizontal position, the fecal contents passed the original point of strangulation into the colon, proving that vermicular motion alone was not sufficient to involve the tube, but that gravitation was necessary to effect the descent. The assemblage of symptoms in this case would have warranted the re-opening of the incision for examination, and return of the erratic viscera, when the foregoing requirements of the figure of 8 bandage, rigid exaction of the recumbent posture might have led to more fortunate results. This case, with the remarks, are offered to call attention to the fact, that if there be danger of troublesome inflammation from the division of the sack, there is a possibility of secondary strangulation when the sack is returned intact; and when subsequent symptoms of obstruction do occur, the re-opening of the wound is warranted.

Pemberton, N. J., July, 1853.

On the Internal use of Plumbi Acetas.—By W. Johnson, M. D.

The discrepancies of medical testimony, with respect to the value of therapeutic agents, are frequently so great as to extort from us the humiliating confession "ars nostra conjecturalis est." This truth is strikingly demonstrated in the article now under consideration. By one set of practitioners it meets with unqualified reprobation as an irritant poison; by another portion of the profession it is highly lauded as a perfectly safe remedy, and one possessed of most invaluable powers. How are we to reconcile such contrariety of views? Only by making allowance for lack of faithful observation, patient investigation and matured conclusion. Truth often lies between extremes.

It may be useful to examine the merits of this controversy, and hear the allegations of both sides. The limits of an essay will not, however, permit me to go into an elaborate examination of the mass of testimony on this subject, and perhaps we had better let a few on each side, be the exponents of the views of their respective parties.

Hear first the negative side, in the person of Dr. Meigs, the learned professor of Jefferson Medical College. "Sugar of lead is thought to be a very powerful article in the treatment of these hemorrhagies. I do not like it, nor do I believe much in it; perhaps I have not dared to give it in excessive quantities, and having very rarely exhibited more than three grains in combination with opium, for the dose, I am not sensible that I have ever been much struck with its hæmostatic powers, though I have made use of it many times, yet less frequently of late than in former years."

The late Professor Hosack, of New York, if I am not greatly in error, reprobated, altogether, the internal use of this article.

Here is strong and weighty negative testimony, and dogmas emanating from such high sources must have had a controlling influence on American practice, and lead has not consequently been administered in the United States with so bold a hand as by our transatlantic brethren. The names of Hosack and Meigs are in themselves a host; but "magna est veritas et prævalebit."

Therefore, let us hear what is said on the opposite side of this question. First, with respect to the safety of the article. Dr. Henderson, of Edinburgh, gave in bronchitis, to restrain inordinate secretion from the bronchia, four scruples of the lead in ten days, to a child of six years of age, without any unpleasant effect whatever. The blue line on the margin of the gums was noticed, but no constipation of the bowels took place.

Surgeon Kirby, of Dublin, prescribed one grain of acetas plumbi every two hours, in a case of diabetes melitus, and with very good effect. The medicine was taken for one month.

Surgeon Sweeting states "that a woman was admitted into Guy's Hospital, having swallowed one and a half ounces of sugar of lead, dissolved in water, from which she recovered and left the hospital in five days."

"Mr. Gorringe reported two cases in which two girls swallowed by mistake, one ounce of acetate of lead, and another in which a girl swallowed one drachm, and all recovered."

"Dr. Hinding gives a case in which a girl swallowed three drachms; she too recovered."

"Dr. Iliff records four cases in which individuals swallowed each an ounce of the acetate of lead; and Dr. Evans one, in which three drachms were taken, and all in a very short time recovered."

All these cases go to show in a very remarkable manner, that the danger from the internal use of lead has been overrated.

Surgeon Sweeting records a case in his own practice, in which he administered five grains of the acetate, by enema, to a child of seven years of age, laboring under typhus, in which profuse hemorrhage from the bowels was promptly arrested, and the child fully recovered.

In uterine hemorrhage he gives the article with a bold hand. In one instance, five grains were repeated every hour for forty-eight hours, and it was then given every four hours, and continued for a fortnight with good effect. In this case, the patient took in sixteen consecutive days 576 grains of the lead.

Van Swieten, he tells us, administered sixty grains daily, for ten days. The largest single dose administered by the reporter, was twenty grains. He states that Mr. Daniel gave ten grains three times a day, from which he saw no other ill effect than a slight colic.

"The boldness" says our reporter "with which I have administered the acetate, is not the result of mere speculation, nor of observations made in one month, or one year, but rather of patient and careful watching for the long period of *fourteen* years, during which time I have never met with an instance, in which the ill effects usually ascribed to lead have followed the administration of it." He advises the article to be given in simple distilled water.

Dr. Reginal Burridge, senior physician of the Somerset and Taunton Hospital, gives an interesting case of a young lady who was attended upon by him in an epidemic dysentery. She was attacked with profuse hemorrhage from her bowels. "When arrived at the house he was shown three large evacuations; the first two contained a pint each, of loose coagula, the third was a solid coagulum fourteen inches long, and formed a complete mould of the colon. She was cold and pulseless, the eyes fixed and glazed, the tongue cold, and the cold damps of death had already descended upon her. The anæmic state was very marked, including the rare and sighing, almost sobbing, respiration."

He gave her a couple of teaspoonsfull of brandy, with a few drops of hartshorn, and very soon a scruple of the acetate of lead. She soon passed another coagulum, and he immediately gave her a small starch enema containing half a drachm of lead. In a short time he gave the second scruple of the acetate, and in one hour after the third scruple. She convalesced without further hemorrhage, and without any unpleasant symptom, and completely recovered.

Dr. Burridge relates another interesting case. It was that of an old soldier of eighty years of age, who passed daily large sphacelated portions of the colon and rectum, the mutilated intestine protruding through the anus in large gangrenous shreds like the fingers of a glove. Eight grains of the acetate every three hours, with the local use of the article, acted like a charm, and restored the old man to as good health as is ever enjoyed by a person of this age.

Dr. Burridge states, that during twenty-one years of ample experience with the article, he has never witnessed a single untoward symptom from its therapeutic use.

The doctor always gives the acetate in a fluid form; *never* without acetic acid, and very rarely without Battley's liq. opii sedativ. His large hospital practice has enabled him to determine that the efficacy of the article is increased by combining it with opium.

The last two authorities which I have quoted—namely, Surgeon Sweeting and Dr. Burridge, bear most satisfactory testimony to the great remedial powers of the acetas plumbi, and their united experience, extending over thirty-five years, goes far to establish the safety of the therapeutic use of the article. They both declare that they never in their hands, witnessed one single unpleasant effect from the use of the article. It should be borne in mind too, that they gave maximum doses of the acetate, and continued its use much longer than would generally be thought either safe or prudent.

My own experience will somewhat qualify that of these two eminent men, particularly with respect to the safety of the article.

I have for more than forty years prescribed the acetas plumbi, and with undiminished confidence in its remedial powers. I wish, however, that I could add that I have never witnessed any unpleasant consequences from its administration. Four times have most painful solicitudes been awakened by the production of saturnine disease, from the internal use of this article; twice in the form of colica pictonum, and twice in that of paralysis. These results have rendered me more cautious in the use of the article, but have not diminished my faith in its remedial powers. The first of these adverse cases occurred about thirty-five years since. The patient had had two or three attacks of hæmoptysis for which I prescribed the acetas plumbi, and with most decided benefit. She resided about five miles from me, and after her recovery from her last attack, I left a quantity of the medicine with her, that she might use it if a return of the disease should render it necessary before I could visit her. She experienced some premonition of a return of the hæmoptysis, and thinking that the article might possess preventive, as well as curative powers, she commenced taking it, and continued so long with it as to produce a most violent attack of colic. For several days her sufferings were very great. Her disease yielded to sulph. magnes. and opium, and the irritation had been so completely transferred from the lungs to the intestinal canal, that she had no return of hæmoptysis, nor has she had to this day.

The next case of ill effects from the lead occurred in a female patient near the climacteric period. It was prescribed for menorrhagia. The lead was used for some time. The attack of colic was very severe, but yielded to the same treatment pursued in the former case, and with complete success, though not until after the lapse of several days.

The third case was menorrhagia. The acetas plumbi was used about a fortnight. The bowels became confined, but pains, something like neuralgia, seized upon the loins, back part of the pelvis, and upper part of the thighs. They were most excruciating, and were attended with considerable loss of motor power in the muscles, which were the seat of pain. The case was treated as the former, with the addition of frequent cupping and anodyne liniments. The case was not very protracted, and the recovery was complete.

The fourth and last case was also menorrhagia. The regular turns of the catamenia were very protracted, and the discharge was so profuse as to blanch the patient. The lead was prescribed, and used for more than a fortnight. Severe pain, resembling neuralgia, was experienced in the loins and down the thigh, following the course of the sciatic nerve, together with great loss of muscular power. One side was more affected than the other. The characteristic blue line at the margin of the gums, indicative of constitutional impregnation with lead, was present in this case in a very remarkable degree. The case was treated as the last, and with complete success, and was not very tedious. The condition of the catamenia was vastly improved.

I have never used the lead with so bold a hand as have the practitioners of Great Britain. I never, but once, gave a drachm in twenty-four hours. My usual manner of prescribing the article, is to give three grains every twenty minutes or half hour in urgent cases, say post partum hemorrhage—hæmoptysis, &c., until an effect be produced. In ordinary cases, I give it every two, three or four hours, generally combined with opium, but of late I have used the article alone. I have prescribed the acetas plumbi in diarrhœa, dysentery, and cholera infantum with very pleasing results; but it is in the hemorrhagies that I have most frequently employed the article. In hæmoptysis there is no article to which I am more partial. In epistaxis too, I have seen most excellent effects from the employment of the lead. But it is particularly in uterine hemorrhage that I have witnessed the powers of the acetas plumbi. In a practice of more than forty years, I have never lost a patient with uterine hemorrhage; either simple menorrhagia, post partum, or unavoidable hemorrhage. I state not this in the spirit of self-commendation, but cannot forbear recording it as a grateful remembrance of the good hand of my God upon me.

In the treatment of all these cases, I have trusted more to the acetas plumbi, than to any other therapeutic agent. But the tampon, the introduction of the hand in utero, cold applications, &c., have been used in their appropriate places. In post partum hemorrhage, I often give the ergot the preference to the acetate of lead, but I also frequently administer them conjointly. The indication in these cases evidently is, to diminish the calibres of the uterine vessels, and to render them more tortuous, and thus throw impediments to the exodus of the blood; this alone can be effected by active contraction of the womb, and ergot is well adapted to the fulfilment of this indication. I also give the preference to ergot in ante-partum hemorrhage, *when the period of gestation and the state of the os uteri indicate such preference.* But in very many of both these sets of cases, well directed manipulations with the hand in utero is the measure best calculated to insure the safety of the patient.

I have sometimes too, in simple menorrhagia given the preference to *monecia,* which by the by I consider a most invaluable article. I have also used the tannin with most pleasing effects. These articles should be given in as large a dose as the stomach will well bear. The ol. terebinth. and sulph. alum. I have also used with decided good effect. I have used and still do use the foregoing articles, but my partialities are towards the lead. In some cases of hemorrhage we have no good substitute for the lead. I allude particularly to those fearful discharges of blood, which sometimes occur in enteric fever. Lead is here a host, and should be given with a most liberal hand, both per orem et anum. The ol. terebinth is also a useful adjunct in these cases.

But I have extended my remarks farther than I had intended at the commencement. Indulge a few inferences, and I have done.

1st. Lead is a valuable therapeutic agent.

2d. The danger from the use of it has been overrated.

3d. It is not innoxious.

4th. Therefore the patient to whom it is given should be carefully watched, and as soon as the blue line of Burton makes its appearance, let the article be discontinued.

5th. There appears to be no more danger from large doses of the acetas plumbi than from smaller ones—contrast my experience of the article with that of Sweeting and Burridge.

White House, Hunterdon County, N. J.

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Transactions of the Thirtieth Annual Meeting of the Medical Society of Virginia, held at Richmond, April 5–7, 1853.

Transactions of the Belmont Medical Society, for 1852–3, pp. 58. *Published by the Society. Bridgeport, Ohio.*

We are happy to say that the notice of Transactions of Medical Societies, begun in our last, was favorably received by the profession. This evinces a growing interest in medical organizations generally, which can but be promotive of the welfare of our science.

In continuation of the subject, we find that material has been accumulating on our hands, which will make it necessary to study brevity.

In glancing over the minutes of the *Medical Society of the State of New York,* we cannot help noticing the admirable manner in which the business of the Society was laid out by the business committee, resulting in a great saving of time.

A number of valuable papers were read at both the Semi-annual, and Annual Meetings, which will be noticed subsequently.

A prize fund of $94 was reported as having been contributed in various sums, by the different county societies and medical colleges. This, with a balance of $56 from the prize fund of the previous year, makes a total of $150. A committee of six was appointed, on prize questions and dissertations, Dr. James McNaughton, of Albany, chairman. By resolution the Secretary was authorized and requested to obtain from the Attorney General of the State, an opinion "shewing the ground of difference between the regular licensed physicians, and those practising without license; and whether those societies which have been organized under the statute law for the regulation of medical societies, &c., passed April, 1813, are authorized to collect one dollar, annually, from every licensed and practicing physician and surgeon of the county in which such society exists."

Dr. Wm. Manlius Smith, of Manlius, presented to the society some preserved juice of conium maculatum, which he recommends as more reliable than the extracts of conium obtained at the shops. "I have found adults who were sensibly affected by the narcotic operation of twenty drops of the preparation, but some will bear a teaspoonful at a dose." It is a question with us whether Dr. Smith, as a practicing physician, should be interested in the sale of the article.

The censors of the Southern district, reported through Dr. Rockwell, that as far as they were able, they attended the examinations of the candidates for degrees in the several Medical Colleges of New York City, and that so far as they could observe they were satisfactory. It was, however, impossible for so small a committee to attend all the examinations, as they were carried on by the several professors in separate rooms privately. A larger committee was recommended, and nine appointed.

Dr. Bradford, of Homer, offered a preamble and resolutions which were adopted, setting forth that, whereas the per centage of representation, as established by the present constitution of the American Medical Association, being deemed to be liberal and just, in so far as it applies to state, county, and voluntary medical societies, therefore, "the Medical Society of the State of N. Y., deprecates and considers unadvisable, any change in the constitution of the Association which would diminish their number, or exclude delegates from state, county, and voluntary medical associations." The society "approves of the system of representation to the Association, embraced in the amendments proposed and adopted at the last meeting [1852], of the A. M. A., and hopes that the said amendments, as recommended by the Association, may be favorably received by the next meeting and be adopted."

Dr. Coventry, chairman of a committee on increasing the number of delegates to the Society, reported in favor of recommending an amendment to the act under which the society is organized, intended to accomplish the object. The present organization only allows a representation of one from each county society, (59 in all), and from six Medical Colleges, the delegates holding office four years. The counties and colleges are divided into four classes, each class electing its representatives in consecutive years, giving each year, a new representation of one fourth the whole number of delegates. The inequality of this arrangement is evident, from the fact that the county of New York with its 900 members, can only send a single delegate who holds office four years. The committee propose that the act of incorporation be amended, "by inserting, instead of the words 'one member from each of the county societies of the State,' the words, 'as many delegates as there are members of Assembly from said county,' such delegates to hold their office for two years, and until others are appointed in their place." A special committee of three members residing in Albany, was appointed to present the matter to the notice of the Legislature. Dr. Jenks S. Sprague was elected president, and Dr. J. H. Armsby, of Albany, Secretary. Among the nominations for honorary membership, we notice the name of H. A. Buttolph, M. D., of New Jersey.

The Annual address by the President, Alonzo Clark, M. D., of New York, was delivered at the Capitol before a promiscuous audience, the members of the Legislature being present by special invitation. The subject chosen—*The claims of the Medical Profession*—was very appropriate to the occasion, and the arguments well presented. The Society did well in ordering a large edition to be printed for circulation throughout the State. Our space scarcely allows us to do justice to the production, and yet we cannot forbear a few quotations.

After deploring the evils that befal society from incongruities in legislative enactments which carefully protect the "people against their own ignorance, by proving and stamping every pennyweight of gold and every penny-worth of copper that is put into circulation as money, and with earnest severity punishes every counterfeiter who cheats us of a single dollar, it refuses its sanction to those who offer to judge for that same people, of all that relates to the deep mysteries of life and disease; it has no punishment, no reproof even, for the counterfeit physician that cheats us of our life; and which inspects drugs and medicines, destroying all that are not of standing purity, and yet cares nothing who uses them, thus sharpening the sword, and throwing it into the circle, indifferent whether it fall into the hands of the trained and tried soldier, or those of the highwaymen."

The author goes on to enumerate some of the agencies which the profession has called to its aid in the work of progress. These are,

1. A spirit of inquiry which has resulted in the study of anatomy, general, special and pathological.
2. A more vigorous method of study.
3. Breaking the chain of authority.
4. The cultivation, and improvement of the collateral sciences.

Speaking of the difficulties thrown in the way of anatomical research our author uses the following beautiful figure:—

> "The Pharaoh that knew not Joseph is held to have been a hard master, when he said: 'Go now and work, for there shall no straw be given you, yet shall ye deliver the tale of brick.' But even the hardhearted authorized the order: 'Go ye, get you straw where you can find it.' But we; are we not beaten if we deliver not the tale

of brick? And yet more surely are we not beaten if we get us straw where we can find it?"

And, again, with regard to veneration for ancient theories:—

"We read the works of Hippocrates and Galen with feelings akin to those inspired by visiting the architectural ruins of their once proud countries. We admire the bold span of the broken arch and symmetry of the fallen column; we enjoy for a time the solemn stillness of the solitude, and love the classic, lofty associations that linger there; but if we require shelter, we seek it not here, but from some neighboring and more modern edifice which has been constructed in part, at least, of materials taken from these prostrate walls."

Our author shews that medicine has *materially lengthened human life.* Macauley in his history of England says:—

"In the year 1685, not accounted a sickly year, more than one in twenty of the inhabitants of the capital died; at present, only one in forty dies annually. The difference between London of the 19th century, and the London of the 17th century, is greater than the difference between London in ordinary years, and London in the cholera."

And Dr. Simpson states—

"That in 1786 the yearly rate of mortality in the whole of England and Wales was *one in forty-two;* in 1801, it was *one in forty-seven;* and in 1831, it had diminished to *one in fifty-eight,* showing a reduction of annual deaths by 28 per cent in the short period of half a century. (Dublin Rev. vol. 7, p. 97.)"

Again,

"Mr. Milne, in making up his well known *Carlisle* Life Tables, ascertained with the greatest care the deaths in that town and its vicinity, for the nine years following 1778; they were in the proportion of 1 to 39.99 of the population each year. It is ascertained with equal certainty, (see Registrar General's Reports), that for the seven years, ending with 1844, the deaths in this same Carlisle and its vicinty, were annually 1 in 52.6. The interval between these two periods is just 50 years, and the reduction of mortality is 22 per cent."

"The deaths in the town of Northampton were carefully studied during the latter part of the last century, and compared with the population. Dr. Price made this comparison the basis of some of his life tables. Here we have another illustration of unquestionable increase in the duration of life. The Registrar General, in his Report for 1847, says of this town; 'In the last century, the people here lived about 30; now they live 37 years (37½). In earlier times their life must have been shorter. Then the community had no skilful physician, no surgeon—an infirmary, a dispensary, a lunatic asylum, and from 20 to 30 educated medical men, are evidence that more care and skill are now devoted to the preservation of life.' Thus it appears that although this Northampton is even now one of the least healthful of all the smaller towns of England, yet that the decrement of deaths there, is equal to 23 per cent."

In regard to France,

"M. Charles Dupin, whose name is a sufficient guarantee for the accuracy of his statements, lately read before the Institute a paper on the vital statistics of that country, showing that from 1776 to 1843 (67 years), the duration of life had been increasing at the average rate of 52 days annually, so that the total gain in two-thirds of a century amounted to 9½ years; and that in no year of that period, whether during the republic, the consulate, or the empire, did the annual increase fall below 19 days. What a fact have we here! Even during that dread period of French history in which the death-angel assumed the cap of liberty, and taxed the arts for new inventions to destroy life, and during the succeeding 13 years in which the war spirit reaped an almost unprecedented harvest; when science and arts vied with each other in contributing to this work of slaughter, and the history of Europe is but little more than a history of battles: during all this period, medicine alone lent all its energies to the preservation of life. How striking the contrast! How proud the success! In France, that glutted the guillotine with the blood of her sons, and strewed every battle-field in Europe thick with their dead bodies; even in death-smitten France, medicine saved, in 20 years, more than war and the delirious spirit of freedom could destroy."

The difference in the mortality of puerperal women is very great.

"In 1680, one in forty-four died while under the care of the medical attendant; within 50 years from that time, only one in seventy died under the same circumstances; in another term of 60 years, mortality was reduced to one in eighty-two; and in 40 years more (the period ending with 1820), it had fallen as low as one in 107. Here is a condition in which knowledge and skill are left to work their way unhindered and unhelped. Hygiene has little to do with it; the improvements of society even less. It is nature and the doctor, and how has the doctor triumphed! fifty-nine per cent of such as must have died in the latter years of 1600, saved in the progress of above a century and a half. This is doing something, to lift from the sex the heavy weight of the primal curse; and we challenge in return for it, their kind regard."

Let it be observed that in the first period mentioned in the above quotation the management of the lying-in chamber was in the hands of female, while it is now in the hands of male accoucheurs. And yet efforts are being made to restore the old order of things!

Our author further establishes his point by reference to the statistics of the older New York and Philadelphia Hospitals, and then clinches his argument by shewing that while such advance has been made over disease in general, the proportion of deaths in tubercular consumption, a disease over which the profession has never claimed to have any great control, has been rather increasing than diminishing during the past 150 years, notwithstanding the great improvements that have been made in hygienics, showing that social advancement is not the only cause, of the increase in the length of human life. He very justly claims, too, that *all that is valuable in modern sanitary improvements is based on principles elaborated and promulgated by the medical profession.*

In view of this advance he asks—"Is this the end? Can the life of man be still further prolonged?"—and then shews by recent statistical comparisons, that year by year the rate of mortality in England is gradually diminishing. David says, (Ps. xc: 10), "The days of our years are three score years, and ten:" and we firmly believe there is no ground for the common interpretation given to the passage that seventy years is the ordinary *limit* of human life, but that if it has any special meaning, it refers to its allotted *average* duration, and improvements in medicine and hygiene will, we believe, ultimately raise it to that.

Some of our readers may remembor the mortality among the profession of New York during the prevalence of the fever pestilence, a few years since. The public appreciation of their self-sacrificing efforts is thus touchingly placed in contrast with that of others, who braved personal dangers for the benefit of others.

> "On the 2d of April, nearly five years ago, the City of New York was thrown into mourning by the news that two firemen were suddenly killed in the performance of their duty. The next day the common council was convened, to give expression to this sense of sorrow. The memory of these men was honored with a public funeral. Sermons were preached in commemoration of their virtues and courage, and the city charged itself with the education of their fatherless children. This was as it should be. Wherever personal dangers are to be met for the benefit of others, necessary exposure should be encouraged by extraordinary rewards.
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> "Some who hear me will remember the pageant of the succeeding 12th of July. The sun of that day rose on the national flag at half-mast over all the public buildings of that city. He who passed through the park on the morning of that day, might have seen a platform there shrouded in black, which, though unoccupied, was already surrounded by a solemn, silent multitude. The citizen soldiery was at the same time mustering from every part of the town, for honors had been decreed to the brave who had fallen in the land of the stranger. Then came the gorgeous procession with crape-clad banners, marching slow to solemn music, and the church bells tolled funeral knells as it passed by. A hundred thousand people read with saddened hearts, on the black drapery of the hearses, the names of the fallen. For three hours the pompous procession marched, proclaiming that the soldier shall be honored in his death. Then that sombre platform was filled. There sat the city council; these were men old and honored in the public service; and that hushed and solemn multitude, now increasing by thousands, stood gazing at the coffins of the dead. The orator pronounced the eulogy of the fallen, and expressed the sympathy of the popular heart: the minister of the gospel added Christian benediction; and thus ended, in the words of a newspaper, "a scene of mourning and solemn pageantry, such as was never before witnessed in this great metropolis." Thus, then, did glory pay its debt to valor.
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> "That same year another little body of soldiers might have been seen, here at home, making defensive war against an invading enemy. One after another of that little band sunk mortally wounded on *their* field of battle; and when at length they were gathered to their grave, glory awoke no pæans for them. The public heart, cold as the earth which received their mortal remains, felt no pang. Alas! out of the desolated family circle—out of the profession that cherishes their memories—who was there to mourn for Snowden? Who was there to mourn for Graham? Who was there to mourn for Beals, Hutchinson, Porter, Van Buren, Hedges, Blakemen, Calhoun, Worth and Leonard? Yet these were among the men who stood between the living and the dead: these were the costly sacrifice, and yet not all the sacrifice, by which the *fever pestilence* was stayed. And have they died in vain?"

One or two more quotations shewing the self-sacrificing spirit which actuates the body of the profession, and we have done with this instructive and useful address, every word of which is "profitable for doctrine."

"You all remember how, in 1848, the plague fell on Sandusky city, and made havoc before unheard of in this country. It was estimated that one-sixth of the inhabitants remaining in that doomed city were carried to their graves in less than one month. On the 3d of July, the population was found by census to be 5,667; and of this number, only nine were confined to their beds by sickness. On the 22d of the same month, the mayor reports:—'It is impossible to describe the desolation that withered the hearts of the strongest: the physicians were worn out by toil and more exhausting cares; and it became difficult to procure nurses for the sick, or burial for the dead.' On the 30th, says another report: 'The havoc was awful. Our few remaining physicians were flying from one part of the city to another, unable to give more than a few moments to those struck down, and great numbers were doomed to die without a physician or a nurse.' On that sad day the plague-smitten city cried aloud for help, and their cry reached the ears of those on whom the sufferer never calls in vain. Lasting honors to the men who responded to this call, in the name of the profession. In a single day, help arrived; and in two days, the six physicians of the town were replaced by 24 physicians and 5 medical students from different and distant places. One impulse moved them; one courage sustained them; through them spoke the heart of the profession. God blessed their labors, and the plague was stayed; and when at length their work of mercy was accomplished, and they had returned to their homes, the mayor, in his proclamation, acknowledging these and other favors, says: 'The benefits conferred and the obligations imposed are so great, that words seem powerless to express the gratitude felt for these great and holy and disinterested offices of charity.' 'For it adds not a little to the meritoriousness of these services (medical), that all compensation from the town and poor was declined;' and he concludes, 'Though the citizen of Sandusky cannot find words to express his gratitude, he can thank God that his lot is cast where christian charities grow and flourish, and he can invoke God's best blessings on those who remembered him in the day of sore distress.'"

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"*Finally*, if the public offer us no rewards, no honors, no encouragements; they give us no occasion to complain of their demands. The profession in this country presents the novel spectacle of a body of men conscientiously forcing themselves to acquisitions of knowledge and skill, not only not demanded, but actually discouraged by those for whose benefit they labor. Medicine is the only profession that is striving systematically to resist the down-levelling tendencies of legislation; the only profession, which every year demands of its votaries higher and still higher attainments."

First in the Transactions we find a paper by Franklin Tuthill, M. D., of New York, on *Registration of Births, Deaths and Marriages.* It is a well composed essay, glancing at the history of statistical science, and ably arguing the importance of registration laws, while it successfully refutes the cavils of objectors.

The society would have done a public service had it ordered a general distribution of this short essay throughout the state. According to Dr. T., statistical science helps to establish an important point in theology, as "the fact that whatever Jew shall hereafter pretend to the Messiahship must fail to establish his pedigree through the unregistered years since the dispersion, is an irresistible argument that *Shiloh has already come.*"

General Washington, "that embodiment of virtue and wisdom," in a letter to Sir John Sinclair, says—

> "I cannot but express myself highly pleased with the undertaking in which you are engaged (that of drawing up the statistical account of Scotland), and give my best wishes for its success. I am fully persuaded, that when enlightened men will take the trouble to examine so minutely into the state of society, as your enquiries seem to go, it must result in greatly ameliorating the condition of the people, promoting the interest of civil society, and the happiness of mankind at large."

As a specimen of the author's style, as well as for its intrinsic value, we give the following quotations on the importance of statistical records, with a brief reply to objections.

> "We, of America, think very highly of our registries of deeds. All our acres are numbered, and as far as possible described and bounded, and at every change of ownership it is deemed wise to record it, and the descent of an old homestead is often more distinctly traced than the genealogy of our acting aristocracy. Why should we not preserve with equally scrupulous fidelity our country's title to her contented, happy and healthy people, as to her timbered wilderness or her plough-vexed glebe? unless, indeed, a nation's strength and greatness consists not so much in men as in borders that outreach zones, and hem in an empire in hoarded wealth and generally diffused confidence, in a fruitful soil and regions that teem with the objects of trade and commerce, in ships of the line, impregnable forts and frowning battlements.
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> "Hallam has said, that statistics are to the political economist, what general history is to the philosopher; they are the foundations upon which he must base his reasoning, as to the comparative strength of states. Justice's scales are falsely balanced unless they are thrown in the fate of nations; the fortunes of empires are staked on their truth. War hazarded without their favorable response is as likely to annihilate the right, as to avenge the wickedest insult. Inglorious peace must needs be borne, when their oracles are dumb, or utter inauspicious auguries. 'By this computing faculty,' says Davenant, 'Fabius Maximus found the way to break the strength of Hannibal.' They are the pulse whose condition indicates almost unerringly the strength of a country. When David would feel it, he was adjudged guilty of a treason as if in adopting the wisest human policy he distrusted the power of the theocracy. And if the bare numbers of the people are so desirable, how worthy are these vital statistics —*vital* truly in a double sense—to be called the people's pulse, announcing by their slightest variations, the symptoms of growth or decay in the body politic. Trusty records of our vital statistics are as much superior to the simple census of the fighting men, of the women and children, as a chart of every acre of the state, with its boundaries noted, and its description complete, and the whole so disposed as to facilitate reference, would be superior to a naked statement of the number of acres in each State. It is by studying bills of mortality, and birth and marriage records, in their connections, that we may learn what trades and professions, a people jealous of human life, health and happiness, should foster, and what avoid, as sapping the strength of the nation, and wasting its energies—solve the problems so puzzling to modern reforming philosophers whether heaven-ordained marriage or Gallic communism is better adapted to people the world and maintain its condition—settle the queries over which the Malthusians and their opponents so studiously brood—best dispose of the crowds of

immigrants that, like the waters of a rising tide, roll into every harbor, up every creek, submerge the shoals, fill the channels, cover the flats, and threaten the stout headlands, a living tide eager to work in its place, but ignorant where that place may be—prevent the sudden access of wide-spread commercial distress—break the neck of starvation, and cripple famine, before he sets his heavy heel upon our shore—devise ways and means for our most profitable present employment, to meet and relieve the growing wants of our great land, and take up the sure word of prophecy for our future. Vital statistics are Baconian facts; and in the republic of facts, so soon as the number relating to any one topic becomes respectable, they move out from under the government of analogous facts, evolve their own rules, develope the law they live under, and are admitted to the state of a science. But some one objects, that this is an active busy age. Your figures may have many secrets buried under them, but we have not time to dig them out. We have fallen on practical times,—we have not the leisure or the patience, to fumble over folios of figures, or to reverence greatly your ciphering men in closets. Well, the age *is* a noisy one. The hands are hurrying up and down the rigging, leaping from spar to spar, and there is a prodigious excitement. But calm, cool heads take the observations, make the calculations, issue the orders, and guide our destinies. It is too busy a time, they think, who work the vessel, to be looking at stars through the sights of quadrants, studying old charts, and figuring in the cabin. But without the cool calculating of the navigator, hidden rocks show no mercy to the wealth of the richest argosies or lives of the busiest seamen, and 'ciphering closetmen' save our workers from infinite fruitless toil. The busier the multitude, the quieter must be the solitude of the thinker, who directs them. The greater the building on which the laborers engage, the more nice and accurate must be the 'laying-down' and 'taking off' and 'figuring up' of the draughtsman. There is no ground for fear, but there will be found students enough to marshal into order all the facts we accumulate, to turn heat and light enough upon the conglomerate mass to free from the dross and roll out the shining streams of pure metal. Generalization and speculation are the hobbies of all our scholars. Heap up the statistics on their tables, and they will make their generalizations practical; they will test, by them, their speculations, and be forced to reject all stubborn theories that will not conform to the lasy curves of truth.

"They are invaluable for statesmen, who would not erect in the public works, monuments of their own ignorance. For lack of them, impregnable forts have been located in districts where miasmata have soon left no lives to guard them; batteries constructed where poisoned air was a sufficient defence; dock-yards chosen and furnished with all their costly appointments, only to be removed again, when dear experience has taught the lesson that a cheap record of a few years' duration would have shown at the first glance; public works abandoned when half completed, and myriads of lives sacrificed to pestilence, which had been drafted by war to woo back gentle peace."

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"They will be invaluable for jurists in regulating the descent of property. Not a few are poor, who should have been rich, but that they were not able as such registries would have made them, to trace their lineage flowing in distinct and unbroken lines from wealthy ancestors, whose hoarded wealth must be scattered among strangers or forfeited to the government. And this infelicity is growing with our means for getting gain and the opportunities for greater accumulation. Even the despised and imperfect registries of New York for 1850 and 1851, which were scarcely deemed equivalent in value to the blank papers prepared for their reception, may, yet, decide

> questions of the largest consequence, determining the settlement of millions of money, and prove the most capable friends of justice whose kind designs, ignorance so often thwarts."

With such facts and considerations before them, we cannot see how the legislature of New York, or of any state, can hesitate a moment as to the importance of an efficient statistical bureau, for the facts thus recorded are of the utmost prospective consequence.

In respect to such researches, we of the present utilitarian age are too much inclined to ask *cui bono?* The judicious merchant or tradesman ransacks his storehouse from garret to cellar year by year, that he may estimate the exact amount of stock he has on hand, not for any present advantage that may accrue to him for the labor bestowed, but that he may know exactly what he has in his storehouse, and compare his profits with *his* losses, and know in what articles of merchandize he can make the most profitable investment. Knowing these facts he can retrench here, launch out there, or wind up his business, according to the indications furnished by the statistics which result from his "taking stock." So, vital statistics will indicate to a government what direction its laws must take, if they would accomplish that which should be the chief end of all human law, the welfare of mankind:—*salus populi suprema lex.*

This paper of Dr. Tuthill's presents such an important matter in so clear a light, that we have been tempted to draw largely from it. Indeed, we have imbibed such large draughts at the margin of this fountain, that we must for the present forbear any further special notice of the contents of this interesting volume. There are other valuable papers in it, on "*Ligature of the Subclavian Artery,*" by W. H. Van Buren, M. D.—on "*Statistics of the Deaf and Dumb,*" by Harvey P. Peet, LL. D.—"*On the use of Chloroform in Midwifery,*" by George N. Burwell, M. D.—"*Observations on the Pathology of Bright's Disease,*" by John A. Swett, M. D.—"*On Diptheritic Croup,*" by Morgan Snyder, M. D.—on "*Hospitals*"—an Annual Address delivered before the Albany County Medical Society, by J. H. Armsby. M. D.—"*On the importance to the Physician of the study of the Natural Sciences,*" an Annual Address delivered before the Cortland County Medical Society, by Caleb Green, M. D.—"*A reply to Strictures,*" &c., by P. Van Buren, M. D.—"*A Communication presented by John Mc Call, M. D., of Utica*"—and lastly, a lengthy paper, on "*The Atomic Theory of Life and Vital Heat, vegetable and animal, as balanced by the agency of water,*" by Thomas Spencer, M. D.

We have mentioned these papers that our readers may have an idea of the amount and value of the labors of the New York State Medical Society. The "Transactions" is an "Assembly Document," and we respectfully submit, if the appropriation of a portion of the public funds to the dissemination of such facts and observations as it contains, is not better than the lavish outlay so frequently made to subserve private or party purposes.

The Thirtieth Annual Meeting of the *Medical Society of Virginia* was convened in Richmond, on the 5th of April last—Dr. James Beale, President, in the Chair. During the sessions, sixty-two fellows were present. The reading of the minutes of the last meeting, the calling of the roll—everything, that prevented the Society proceeding immediately to business being summarily dispensed with, it would naturally be expected that there was a large amount of business to be transacted, but how are we disappointed, at finding nothing but the minutes and the Address of the President. No essays—no discussions on medical subjects, nothing, but a routine of business of mere local interest. But, hold—there was one essay, an elaborate and able one, not by a *medical man*, but by our friend Joseph Laidley, Esq., a Pharmaceutist of great attainments.*

While we thus speak, we would not be unjust to the Medical Society of Virginia. In looking over its transactions, we find much to commend, yet we confess to a feeling of disappointment, that among the thousands of practitioners in the Old Dominion, very many of them too, men of distinction and character, whose fame extends far beyond the limits of the circle in which they move, that there was not more done directly calculated to advance the cause of medical science in general. We are sorry when we see *any* evidence of want of interest in our medical organizations.

A proposition was favorably received, to the effect that it is expedient that the Society have a journal of its own, to be conducted by a corps of editors to be elected at each annual meeting, and the subject was referred to a committee of five fellows. A majority of the committee reported adversely to the plan, but the Society concurred with, and adopted the recommendation of the minority, and appointed a committee of three "whose duty it shall be to report at the next regular meeting of the Society, the plan by which, in their opinion, the enterprize may be most successfully carried into execution, together with the probable cost thereof."

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* There was also another—not mentioned, however, in the minutes—on *Surgical Instruments*," &c., by James Bolton, M D.

The Society has done one good thing, which, we think will have the effect of attaching its members more firmly to it, for when they think of their place of annual convocation, they will not think merely of Richmond in the abstract. That would be difficult to do and have the interests of medicine at the same time occupy a chief place in the mind, for the associations connected with the capital of the State are too varied to make the contemplation profitable, unless there is some *nucleus* around which the thoughts may centre, and to which the affections may cling. When the Jews prayed toward Jerusalem, it was not the walls or the houses that composed that goodly city, which stirred their heart's devotion, and caused a thrill of reverence at every mention of its name, but it was the gorgeous temple on Mount Moriah, whither all the males were required to resort three times a year, and present themselves and their offerings before the Lord. This it was that made every Jew think and speak of Jerusalem with a reverence that connected itself with no other of their cities.

The action of the Society to which we refer, is the establishment of a *library, pathological museum, and herbarium,* for the accommodation of which a suitable room was rented. Here is something tangible—*our* library—*our* museum—*our* herbarium—*our medical hall*—the body has a soul, some inducement to undertake the long journey over hill and dale to Richmond. Each member, has a personal interest in the collection—a book in the library from his own—a pathological specimen, that he presented—a specimen from his own cabinet. In this, the Society is laying a good foundation for the future, and we venture to say no subsequent meeting will present so meagre a display of essays and communications as this one has done. The committee report about thirty specimens in the pathological museum, put up for permanent preservation, besides others in their possession not yet put up. A very good beginning. They also report 200 specimens of the materia medica. A large delegation was appointed to attend the meeting of the American Medical Association, who were instructed among other things, "to support such changes in the constitution of the Association as will exclude from representation in that body, all colleges and schools which do not conform to its recommendations on the subject of medical education."

The President in his Address, gave a brief historical sketch of the Society, and closed with some remarks on the subject of quackery. The essay of Mr. Laidley was "*on the Dispensing of Physic,—the Relation of Pharmacy to the Practice of Medicine.*" It is a well written paper, presenting in a strong light, subjects of vital interest to the physician and the pharmaceutist. Mr. L. recommends stringent legislation, both as to the qualifications of dispensers of medicines, and the qualities of drugs. He spares neither the ignorant or careless physician, who does not know how to write a prescription, or who uses a nomenclature not recognized in our standards—nor the equally culpable apothecary, who is ignorant of the properties of drugs, and who compounds prescriptions without judgment. And he has a doubly charged dart for the reckless and unprincipled vender of drugs, whose sordid soul allows him for filthy lucre's sake, to adulterate drugs, thus jeopardizing life by rendering the action of medicines uncertain. We would be glad to notice this paper further, (which is published in full in the *Stethoscope* for July,) but just here we must close our notice of the Medical Society of Virginia, and turn our attention to others.

Other State Societies have recently held annual meetings, but we must postpone a notice of their proceedings until we receive the published reports.

So far as we know, the *Belmont Medical Society* is the only single county organization that annually publishes its transactions. The annual meeting was held, we presume, about the middle of June. We have no means of knowing how large the Society is, but it is evident it has a good deal of the *esprit du corps*. In the present instance, the papers read were ten in number, and occupy fifty-eight pages of print. As worthy of special notice we would mention an essay on "*Dental Science,*" by D. L. Pratt, Surgeon Dentist. An essay "*on the Empirical and Spiritualistic Philosophies,*" by Dr. John G. Affleck, is noticable on account of the erroneous reasoning and false philosophy it contains. It pains us, that a man of his years and learning, should so close his eyes against the revelations of Holy Writ, and the evidences of the immortality of the soul. In a report on Epidemics, Dr. Affleck mentions some cases of what appeared to be true Cholera Asiatica, which occurred in Bridgeport, in April, 1852. It seems that an unusual flood in the Ohio had submerged a large quantity of barley in a warehouse, and to make the loss less, the barley had been offered to the citizens at a nominal price, and a few bushels sold.

> "Looking round for a cause, [of the epidemic,] I hesitated not to attribute it to the use of the wet barley. The owner of the house where the cholera first broke out, had been feeding the barley as a slop to his cow, and the children had been partaking freely of the milk. The woman who died, had been using buttermilk freely, made from the same kind of food; and the man who lost the four hogs had been feeding a swill to them, made from the barley. The other hogs that were affected had not been fed

by the owner, but had free access to a trough where the swill was. He supposed the barley to be the cause of their death.

From the best investigation I could make, I came to the conclusion, that the disorganizing barley was the cause.

Since the above was written, I have the following facts from George Dixon, a reliable and intelligent Englishman, now of this place. He was an eye witness to the events described as follows:

About 33 years ago, the sloop *Robert and Margaret*, loaded with barley, was wrecked at Alemouth, a seaport near Alnwick, Northumberland, Eng. After the barley had floated to the shore, the people carried away large quantities. Some used it, after it had been dried, for bread. The most of it for cow and hog feed. A considerable number of the people that had used it, died after an illness of two or three months. Some of them were affected with ulcers in the neck. All were affected in the bowels, discharging therefrom a substance like thick milk, occasionally mixed with blood. Nearly all of the cows and hogs that were fed upon it died in a week—much swelled, as if poisoned, to use his expression. About 10 years afterwards, another vessel, containing barley was wrecked at the same place, but this barley did little harm, for upon it being known to the authorities, notices were posted up to avoid the use of it."

We expect to resume these "notices" in our next. S. W. B.

PRINCIPLES OF MEDICINE: *Comprising General Pathology and Therapeutics, and a brief general view of Etiology, Nosology, Semeiology, Diagnosis, Prognosis, and Hygienics.* By CHARLES J. B. WILLIAMS, M. D., F. R. S., &c. &c., &c. Edited, with additions, by Meridith Clymer, M. D., &c., &c. *Fourth American edition, revised*, pp. 476. Philadelphia, Blanchard & Lea, 1853.

We like works on the *Principles* of medicine. Firmly indoctrinate our student in the fundamental principles of medical science, and the details of practice will very soon suggest themselves. This work of Dr. Williams' first appeared in 1843, and was immediately reproduced in this country. It is too widely known to need any commendation from us. No library is complete without it; and as medical science is progressive, it is always well to possess the *last edition* of such a work. The present (fourth) edition, has nearly 100 pages more than the first had.

B.

ON THE DISEASES OF THE LIVER. By GEORGE BUDD, M. D., F. R. S., Prof. of Medicine in King's College, London, and fellow of Caius' College, Cambridge. *Second American, from the last and Improved London Edition, with colored plates and wood cuts.* pp. 468. Philadelphia, Blanchard and Lea, 1853.

This work has been before the profession since 1845, and the fact that two editions have been called for, both in England and this country, is evidence of the professional appreciation of the manner in which the author treats of the subject. Disorders of the liver are very prevalent in some parts of our country, and of this State, and monographs on an organ like the liver, which may be called the common sewer of the body, and obstructions in which undoubtedly give rise to, or influence many of our bodily ailments, are well worthy of close study. Dr. Budd bases his claims as an author on this subject, on eight years of Hospital practice, during three of which he was "visiting Physician to the Seamen's Hospital, Dreadnought, where my attention was especially called to diseases of the liver, which are there very frequent among the men who have been much in India and other hot climates." We heartily commend the work to the favorable consideration of our readers.

A full index would, in our opinion, have been an improvement to each of the above works. B.

MEDICAL JURISPRUDENCE. By ALFRED S. TAYLOR, M. D., F. R. S., Hon. M. D. Univ. St. Andrews; Licentiate of the Royal College of Physicians; Member of the Royal College of Surgeons, and *Lecturer on Medical Jurisprudence and Chemistry in Guy's Hospital. Quo dificilius, hoc præclarius. Third* American, from the *Fourth* London edition. Edited, with additions, by Edward Hartshorn, M. D., one of the Surgeons of Wills' Hospital, etc. etc., pp. 681. Philadelphia, Blanchard & Lea, 1853.

It has been asserted of Medical men that they never appear to greater disadvantage, than when called upon to give testimony involving medical opinions before courts of law. One reason perhaps is, that they undertake to say too much. Lawyers delight in leading the witness into those hypothetical mazes so numerous in our profession, in which an astute attorney will soon involve him in contradictory testimony. To avoid such a calamity, and insure a speedy and safe passage over the foul and filthy streams of the law, let the Medical man bury himself amid such folios as the one under consideration, until he is armed and equipped at all points.

Taylor is a standard author on this subject, both in Europe and this country, and his work is worthy a place in every medical library. It contains, besides a full index, a Glossary of medical terms for the use of the non-medical man. The enterprizing firm, which has brought out the three works above noticed, has laid the profession under obligations which we feel assured will be acknowledged in the shape of a liberal patronage. The books are all well printed on good paper, and firmly bound, in a style uniform with most of their medical publications. B.

A Practical Treatise on the DISEASES OF CHILDREN: By J. FORSYTH MEIGS, M. D., Lecturer on the Practice of Medicine, in the Philadelphia Medical Association; Fellow of the College of Physicians of Philadelphia; Member of the Academy of Natural Sciences of Phila., and of the American Philosophical Society. *Second edition,* revised and enlarged, pp. 702: Phila., Lindsay and Blakiston, 1853.

We feel proud when we contemplate such a work as the above. It is an evidence, that however valuable foreign productions may be for reference, we do *not* need to go abroad for elaborate treatises on medicine. Let our publishers and our profession hold out sufficient encouragement to native talent and authorship, and soon *American* ideas in *American* books will be more eagerly sought on the other side the Atlantic than they have been, while we will depend less upon foreign talent and observation. There is now a growing demand abroad for our books, and the question so sneeringly asked a few years since by some phlegmatic John Bull—"Who reads an American book?" has been echoed back in the shape of whole invoices of American literature.

This second edition of Dr. Meigs' work is a very great improvement upon the first. The fact that *that* was well received, is evidenced from the speedy sale of the edition, which was exhausted a year ago. The principal changes in the present volume are, an introductory essay of over thirty pages on the clinical examination of children—over one hundred pages of new matter on diseases of the skin—very full articles on Atelectasis pulmonum and tracheotomy in croup, while the articles on croup, bronchitis, pneumonia, scarlet fever, and measles, have been entirely rewritten or otherwise improved.

The diseases treated of, are divided into six classes, these being subdivided into chapters and sections. Class 1, treats of diseases of the respiratory organs—2, of the digestive organs—3, of the nervous system—4, eruptive fevers—5, diseases of the skin—6, worms in the alimentary canal.

In his enumeration of the operations of Tracheotomy in croup, the author has overlooked a case reported in this Journal (Vol. 5, p. 332). The operation, which we believe was the third in this country, while it was the *first* successful one, was performed in 1828, by Dr. Joseph T. Pitney, of Auburn, N. Y., the subject being Margaret, aged four years, daughter of Prof. Henry Mills, of Auburn Theological Seminary. The case which is worthy of record, was published by Dr. Lewis Condict, of Morristown, in this State.

We are sorry to observe that in his formulæ the author neglects to use the distinctive *f* for fluid ounce, fluid drachm, &c., so strongly and so properly recommended in our national pharmacopœia and in the U. S. Dispensatory. This is an Americanism perhaps, but it is an exceedingly important one. For instance, on page 662 is a prescription in which it is evident that while one liquid is intended to be *measured* another is to be *weighed*. Thus,

℞ Vinii Opii, ʒss.
Picis Liquid, ℈viss.
Axungiæ, ℥j—♏.

but for the sign ℈ instead of ʒ or ℥, we presume the tar would have been as likely to be measured as weighed. We notice other departures from our national nomenclature. In the above formula *axungia* for lard, is not according to our standards. We hope that in the next edition the above will be corrected.

We bespeak for Dr. Meigs' book what it richly deserves—a wide circulation. The publishers have done their part well, in good printing, and firm, durable binding. The style of binding of the four works noticed above, is exactly uniform. B.

A Discourse on the Life, Character, and Services of Daniel Drake, M. D. Delivered by request, before the Faculty and Medical Students of the University of Louisville, Jan. 27, 1853. By S. D. Gross, M. D. pp. 92; Louisville, 1853.

Biographical Notice of Daniel Drake, M. D. Read by appointment before the College of Physicians of Phila. By Charles D. Meigs, M. D., and published in its Transactions, July, 1853.

[With a Portrait.]

We had expected to have given an extended notice in this number, of the late Dr. Drake, of Cincinnati, and with this purpose in view, incurred considerable expense in having a portrait engraved from an excellent lithograph by Applegate and Co., of Cincinnati. But an admonition from the printer, that we had already encroached upon the last "form" (of eight pages,) while there is much editorial and other matter, requiring attention, we are forced to give a mere sketch of his life. The fact of Dr. Drake having been a Jerseyman by birth, seemed to demand some special tribute, at our hands, to his memory.

When, on the 6th of November, 1852, the telegraph reported throughout the length and breadth of the land, "Dr. Drake, a distinguished physician of Cincinnati died last night," certainly, every *medical* mind could feel that "a prince and a great man" had fallen. Following as his demise did, close upon that of America's greatest statesman, his loss to community was scarcely less than that of the great "Expounder," though from the usages of society, there were no public pageants throughout the country to do him honor, as in the case of the former. Indeed, one of Dr. Drake's last public acts was to address a public meeting to do honor to the memory of Daniel Webster.

Daniel Drake was born in Essex county, in this State, on the spot where the town of Plainfield now stands, on the 20th day of October, 1785. His parents were estimable people, natives of that vicinity, and were in humble circumstances. His mother, whose maiden name was Shotwell, was reared a Quaker. When their son Daniel was but two and a half years old, his parents, to better their fortunes, joined an emigration party to the West, and settled in Mason county, Kentucky, where the earlier years of his life were spent. His early educational advantages were exceedingly limited, being confined to a few winter months of schooling in a Kentucky log school house of those days, under a master, the extent of whose accomplishments comprised, reading, writing, spelling, and "cyphering" as far as the "Rule of Three." His summer months were devoted to assisting in the labors of the farm. "Thus it will be seen that his alma mater was the forest; his teacher, nature; his classmates, birds and squirrels, and wild flowers." In the autumn of 1800, just as he was entering on his sixteenth year, he went to Cincinnati, and entered the office of Dr. William Goforth, for the purpose of studying medicine. It was stipulated that he should live in his preceptor's family, that he should be sent to school two quarters, that he might learn the Latin language, and that he should remain in Dr. G's office four years, at the end of which time he should be transmuted into a doctor. His preceptor was to receive $400. He appreciated the young student's talent and industry, and encouraged him in his studies. Dr. Goforth was a native of the State of New York, and emigrated to the West at the same time that our hero's parents did. He settled in Cincinnati in the early part of 1800. "He was a man of the most winning and fascinating manners, was very kind and courteous to the poor, possessed fine conversational powers, with an inexhaustible fund of anecdote, was a warm politician, and was the first to practice vaccination in the West." He died in Cincinnati, in the Spring of 1817, in the 51st year of his age.

Dr. Drake always venerated his memory, and was more proud of the diploma given him by his preceptor at the close of his pupilage, written in a bold and beautiful hand, on form paper, than any other testimonial he ever received by scientific bodies at home or abroad. This diploma, which was the first ever given on the other side the Alleghanies, read as follows: "CINCINNATI, State of Ohio, August 1, 1805. I do certify that Mr. Daniel Drake, has pursued, under my direction, for four years, the study of Physic, Surgery, and Midwifery. From his good abilities and marked attention to the prosecution of his studies, I am fully convinced that he is well qualified to practice in these branches. William Goforth, Jr., Surgeon General 1st Division Ohio Militia."

In the autumn of 1805, Dr. Drake, (for he had now "graduated" in medicine), went to Philadelphia, and attended his first course of Lectures in the University of Penna. under the celebrated teachers Rush, Wistar, Barton, Physick, and Woodhouse. But poverty compelled him in the Spring of 1806 to return to the West, and commence the practice of medicine without a diploma from the University. He now settled in Mason Co. Ky., the home of his childhood, where, however, he remained but a year, when he returned to Cincinnati, and began to practice.

A few months afterwards, in Dec. 1807, he was united in marriage to Miss Harriet Sisson, a grand-daughter of Col. Jared Mansfield, Surgeon General of the N. W. Territory, and afterwards a distinguished Professor in the military academy at West Point. "This lady possessed elegant manners, unusual personal beauty, and a vigorous understanding. The union was a most congenial and appreciative one; their attachment founded upon mutual esteem, and good deeds, ripened with their years, and by degrees assumed almost a romantic character. In her counsel and sympathy, Dr. Drake found support and consolation in his pecuniary embarrassments, and in many of the other trials of his varied and chequered life. The issue of this union was three children, a son and two daughters; all of whom survive to inherit their parents' good name, and to transmit it unimpaired to their children. Mrs. Drake died in September, 1825."

In 1810 Dr. Drake put forth his first printed essay. It was comprised in a pamphlet of sixty pages on the "*Topography, Climate, and Diseases of Cincinnati*," which was afterwards elaborated into a more extended treatise, published at Cincinnati in 1815, under the title of "*Natural and Statistical View, or Picture of Cincinnati, and the Miami Country.*" This book gave him an extended reputation at home and abroad. "It was illustrated by maps, and accompanied by an appendix, giving an account of some late earthquakes, the aurora borealis, and southwest wind; the whole forming a duodecimo volume of 251 pages. The book soon attracted the attention of the public, and invited emigration to the west, but especially to Cincinnati, from all parts of America and Europe."

In the fall of 1815 Dr. Drake repaired to Philadelphia, and attended his second course of Lectures in the University of Penna., whence he graduated in the Spring of 1816. In 1813 he took a prominent part in establishing a Lancasterian School, which subsequently expanded into the College of Cincinnati.

In the autumn of 1815 he was offered a professorship in a medical school about to be founded in Lexington, Ky., but did not accept it till the winter of 1817, when he occupied the chair of Materia Medica, though he resigned it the following year.

In the Spring of 1818 he delivered a popular course of lectures on Botany, and in the autumn of that year he gave a private course of medical lectures, in association with Dr. Slack, his department being the Practice of Medicine and the Materia Medica.

In 1819* he procured from the Legislature, a Charter for the Medical College of Ohio, which went into operation with five professors, Dr. Drake being Prof. of the Institutes and Practice of Medicine, and Obstetrics. But dissensions arose in the faculty, and in the Spring of 1822 it was reduced to only three, viz: Drs. Drake, Slack, and Smith. The two latter "had become inimical to our Professor, and as the power of removal was vested in their board, it was moved and seconded that Dr. Drake be expelled from his professorship. Drake was President of the faculty. 'Is the motion seconded?' said he. 'Aye!' 'It is moved and seconded that Dr. Drake be expelled from his professorship. Are you ready for the question? All those in favor of the motion will say, Aye.' There were two affirmative voices. 'The ayes have it—Dr. Drake is expelled,' said the imperturbable; and putting on his hat, he vacated the chair, leaving the two voters in possession of the power over an institution he had founded." "He soon after published a narrative of the rise and fall of the Medical College of Ohio."

In 1823 he was recalled to the professorship of Materia Medica in the Transylvania School, at Lexington, and was the next year transferred to the chair of Therapeutics and Practice, which he held until he resigned it in 1827.

In 1830 he was elected to the professorship of Institutes and Practice in the Jefferson Medical College, Philada., and accepted it with the express understanding, that he would hold it for only one season, when his interests would call him to the West again.

The next year he was tendered and accepted the chair of clinical medicine in the Medical College of Ohio, but resigned it in the early part of 1832.

In 1833 he declined a professorship in the University of Virginia, which was offered him.

In 1835, after having declined the chair of Practice in the Medical College of Ohio, he obtained the organization of the Medical Department of Cincinnati College, and held in it a professorship of Theory and Practice during the four following years, when the Institution was discontiued.

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*I find some discrepancy in my authorities, in respect to dates, but think those I have adopted are in the main correct.

In 1839, he was elected to a professorship of Pathological Anatomy and Clinical Medicine, in the University of Louisville, Ky., and labored there assiduously, during ten years, the last four of which he lectured on Pathology and Practical Medicine. But having arrived very nearly to an age when, by the act of the Board of Trustees a professor becomes superannuated, he severed his connection with the University, and returned again to Cincinnati, where he soon afterwards accepted the chair of Special Pathology, Practice, and Clinical Medicine in the Medical College of Ohio, the Institution he had founded in 1819.

In the autumn of 1850, he was recalled to the chair he had vacated eighteen months before in the University of Louisville, where he remained two sessions, and once more returned to Cincinnati, and connected himself again with the Medical College of Ohio, which had been re-organized, with an able faculty, and under bright prospects, and it was at the opening of the session, when everything regarding the School was bright and encouraging, that he was stricken down by death. Thus, after all the changes he experienced, he finally died in connection with the school he had first established.

Dr. Drake was a voluminous writer. We have spoken of his first literary effort. In 1827, he started the first medical periodical in the West, the Western Journal of the Medical and Physical Sciences. He maintained his connection with it until 1839. We have neither time or space to speak of his minor essays and publications. The Western Journal contained many rich contributions from his prolific pen.

But, the crowning effort of his genius, and the one, which of all others, will hand his name down to future generations, is his work entitled, "*A Systematic Treatise, Historical, Etiological, and Practical, on the Principal Diseases of the Interior Valley of North America, as they appear in the Caucasian, African, Indian and Esquimaux Varieties of its Population,*" Cincinnati, 1850, 8vo. pp. 878. He had brought the second volume of this great work nearly to a close, when he was arrested by the hand of death. It is shortly to be published under the editorial supervision of S. Hanbury Smith, M. D.

The initiatory steps towards the production of this great work, were taken as early as 1822, and its completion was a darling object of his ambition. It was most likely suggested by the work on Cincinnati and the Miami country, he published in 1815. In the prosecution of this work, he explored most of the country watered by the Mississippi and its tributaries. In 1837, he visited a portion of the South. "In 1843 he made a second tour, embracing Louisiana, Florida, Mississippi, Alabama, and the Gulf of Mexico; and subsequently he explored the interior of Kentucky, Tennessee, the two Carolinas, Virginia, Western Pennsylvania, New York, Illinois, Indiana, Michigan, Iowa, Wisconsin, Missouri, the Great Lakes, and Canada." This will attest his industry, and indomitable perseverance.

Dr. Drake took an actice part in the deliberations of the American Medical Association, and was at its meeting in Richmond, Va., a few months preceding his death.

He was always a staunch friend of religion and morality; was for many years an exemplary member of the Protestant Episcopal Church,—an able champion of the cause of the Bible and Temperance, frequently lecturing on these subjects. While in Louisville, he kept up among the students a Sabbath morning prayer meeting, and endeavored to promote the cause of temperance among them, by forming a Temperance Society, which was productive of much good, and flourished a long time.

But we must draw this sketch to a close. We have been able to give only a brief outline of the life of this remarkable man, and have been compelled to omit much that would have been interesting and profitable to our readers. His triumphant career speaks in tones of encouragement to those, who with slender means and few advantages, aspire to a name and a place among their fellow men. It was *industry* and not genius alone that placed Daniel Drake in the foremost rank of the physicians of our land. *

EDITORIAL.

EXPLANATORY.

On account of indisposition, we are compelled to issue our present number, with no other Editorial matter than this explanatory note. We are satisfied however, seeing that the contributions of correspondents, and the bibliographical notices by the publisher, more than compensate for our own deficiency. We regret too, that some additional matter for the bibliographical department, a biographical sketch of Dr. McKissack, of this State, and reports of medical societies must be deferred to another time, for want of space. Surely, the "signs of the times" point to an enlargement of the Reporter, though it is equally certain that the *sighs* of the publisher, and the *cravings* of the printer, yearn toward the many delinquent subscribers, with an earnest solicitude that they may rid themselves of present obligations, and be more prompt in the future.

MISCELLANY.

While in this section of country we are pretty free from epidemic diseases, and the general health is measurably good, death is doing its fearful work elsewhere. Railway catastrophies begin to lay claim to an important position in our list of epidemics. The cholera prevails to a limited extent in some parts of the country. But the cities of New Orleans and New York are the most severely scourged, the former by the ravages of Yellow Fever, and the latter by the effects of the great heat of the past week. The deaths in both cities is confined principally to the emigrant population.

Deaths by Yellow Fever in New Orleans.

For the week ending July 30,	692	For one week ending 6 A. M., 12,	1,277
" " " Aug. 6,	947	" 24 hours " " " 13,	153

Deaths in New York from effects of Heat.

Aug. 9,	7	Aug. 13,	31
" 10,	9	" 14,	92
" 11,	14	" 15,	40
" 12,	27		
		Total in seven days,	220

At a meeting of the Alumni of the University of Pa., held in Mobile, Ala., to take into consideration the deaths of Drs. Chapman and Horner, late Professors in the University, it was recommended to the "Alumni of the Medical Department of the University of Pennsylvania throughout the world to contribute the sum of *one dollar* each, on or before the 25th of Dec. next, to defray the expenses of erecting a suitable monument to their memories, in the University yard in Philadelphia, that such contribution be sent to the Dean, or any member of the present Faculty, to be used by them for that purpose as soon as, in their judgment, a sufficient sum shall have been received." We commend the object to the attention of our readers.

Some of our New England friends have been rather at fault in respect to fraternizing with quacks. The following resolution of the Essex North District Medical Society indicates an improvement.

Resolved—"That all pretensions to homœopathy, hydropathy, or other exclusive systems of medical practice, when held up as advertisements or otherwise, as means of obtaining business, in preference to other members of the medical profession, are quackish, and are sufficient cause, when proved, for exclusion or expulsion from the Society."

That will do for a beginning, but there seems to us vast room yet for improvement.

L'Abeille Medicale of July 5th, states that the Cholera, which has so long prevailed in St. Petersburgh has attacked Moscow so violently, that it was necessary to open eight hospitals immediately for the accommodation of patients.

Dr. S. O. Scruggs of Louisiana, we learn from the *Southern Journal*, highly recommends a *strong decoction of coffee* used freely in combination with opium, in Asiatic Cholera. Dr. S. has also used the tincture of veratrum viride successfully in pneumonia. It is a powerful agent and should be cautiously used.

The St. Louis Med. and Surg. Journal very properly recommends to its cotemporaries the propriety of having their Journals trimmed. There is no excuse for neglect in this simple matter. The labor of perusing thirty or more exchanges is enough, without the loss of time and the vexation consequent on trimming leaves. *

OBITUARY.

Died,—In Philadelphia, July 1, 1853, æt. 73, *Nathaniel Chapman, M. D.*, Emeritus Professor of the Theory and Practice of Medicine in the University of Pa. Dr. C. was born in Fairfax Co. Va., May 28, 1780. In 1797 he commenced the study of medicine in the office of Dr. Rush, Philada., receiving his degree at the University of Penna., in 1801. He then went abroad and spent four years chiefly in Edinburgh and London. While abroad he became intimate with such men as Dugald Stewart, the Earl of Buchan, Mr. (afterwards Lord) Brougham, Jeffrey and other celebrated men of the times. He first became connected with the University of Pa., as adjunct Professor of Midwifery in 1806, soon after which he was elected professor of Materia Medica, and on the death of Dr. Rush in 1812, he succeeded him in the chair of Theory and Practice, which he filled as Professor and Emeritus Professor till his death. We forbear further notice at present, as we expect in the course of a few months, to publish a more extended Biography accompanied by a likeness.

—— In Louisville Ky., July 9, *Charles Caldwell, M. D.*, æt. about 90. Dr. C. was for many years Professor of the Institutes of Medicine in Transylvania University, and in the Medical College of Louisvile. It is erroneously stated that he was the oldest physician in the United States. He graduated at the University of Pa., in 1796, while Dr. Lewis Condict, of this State, and Dr. John Redman Coxe of Philadelphia, graduated in 1794.

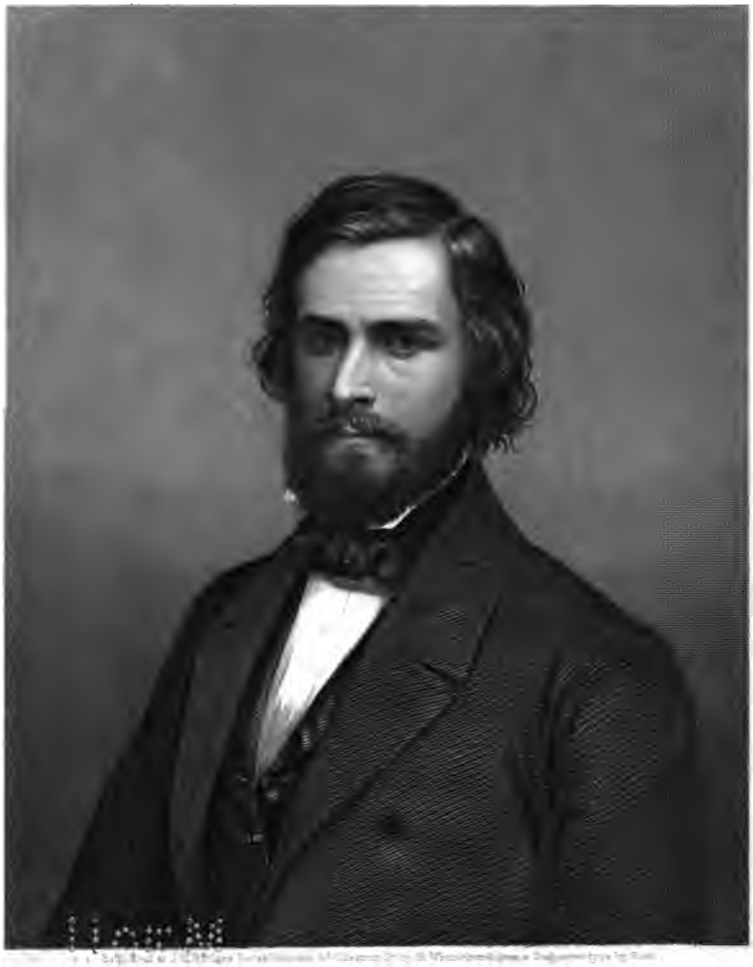
—— In Philada., June 28, *Thomas R. Brinckle, M. D.*, æt. 43.

—— In Philada., Aug. 3, *Dr. William Pettit*, æt. 48.

—— In Richmond, Va., *Dr. Robert Butler*.

—— In Baltimore, *Dr. J. B. Wells*, U. S. N. *

M40U



Joseph Leidy

PROFESSOR OF ANATOMY IN THE UNIVERSITY OF PENNA

Engraved expressly for the New Jersey Medical Reporter.

THE

NEW JERSEY MEDICAL REPORTER.

VOL. VI. NINTH MONTH (SEPTEMBER) 30th, 1853. No. 11.

Biographical Notice of JOSEPH LEIDY, M. D., BY THE EDITOR.

WITH A PORTRAIT.

Dr. Joseph Leidy was born in the City of Philadelphia, Sep. 9, 1823. His father, Philip Leidy, was born in Montgomery county, Pennsylvania, and his mother Catharine, whose maiden name was Mellick, was born in Columbia county, Pennsylvania. On both sides, the family is of German extraction; the great grand-parents, for the most part, having come from the valley of the Rhine.

When 18 months old, his mother died, but his father having married a cousin of the former, of the same family, a few years after, the loss was unfelt in the impartial kindness of a new mother.

He received a common school education; and from early life evincing a talent for drawing, his father proposed he should adopt the profession of an artist. At sixteen he left school, but feeling himself imperfectly educated, he again applied to his studies in the intervals of other employment.

From an early period he was fond of collecting and examining objects in Natural History; and having commenced the study of Botany, for six years in succession, during the summer, he made long pedestrian tours for the purpose of collecting plants. In one of these trips, accompanied by Mr. Richard H. Kern, an artist, and since a distinguished aid in explorations and surveys of the West, under the U. S. Government, he walked up the course of the Hudson river to Lake George, thence to Lake Champlain, and then through the states of Vermont and New Hampshire, over the Green and White Mountains, to Fryburg and Portland in Maine.

At seventeen, having expressed a desire to study the anatomy of animals, at the suggestion of his mother and with the consent of his father, he concluded to adopt the profession of medicine. Previously to this, he had purposed being an apothecary, having become familiar with drugs from spending much leisure time in a wholesale drug establishment, in the neighborhood of his residence.

In the autumn of 1840, he entered as a medical student with Dr. James McClintock, who was then a successful private teacher of Anatomy. The first year he devoted entirely to the study of practical Anatomy. The spring of 1842, Dr. McClintock having left Philadelphia, to accept the Professorship of Anatomy in the Castleton Medical College, Vermont, Leidy entered the office of Dr. P. B. Goddard, then Demonstrator of Anatomy, in the University. He attended the Course of the University for three seasons, and graduated in the Spring of 1844; his thesis being "The comparative Anatomy of the eye of vertebrated animals." Through his fondness for Anatomy, he became intimate with Prof. W. E. Horner, whom he frequently assisted while a student, in preparing the dissections for his lectures.

After graduation, he entered Prof. Hare's Laboratory as an assistant, but left after six weeks, and entered that of Dr. James B. Rogers, with whom he remained until the following winter. In the autumn of the same year, he commenced the practice of medicine.

In the winter, he assisted Dr. Goddard in the demonstrations of the dissecting rooms of the University, but on the resignation of Dr. Goddard, the following winter, and the appointment of Dr. John Neill in his place, Dr. Leidy became Prosector to Dr. Horner.

In the year 1846 the Franklin Medical College was instituted, and Dr. Leidy was elected Demonstrator of Anatomy, which position he occupied the first session.

At this time his attention becoming absorbed by anatomical and physiological pursuits, he relinquished the practice of medicine.

The next Spring, he again associated with Dr. Horner, and gave to his students and others, a private course of Anatomical lectures.

In the spring and summer of 1848, he traveled in Europe in company with Dr. Horner, and examined the extensive museums and hospitals of England, France, and Germany.

The following winter he gave a private course of lectures on Microscopic Anatomy.

In the spring of 1849, he commenced a course of lectures on Physiology, in the Medical Institute, but from illness, induced by labor, was obliged to relinquish all business for several months.

In the spring of 1850, Dr. G. B. Wood was transferred to the chair of Practice in the University, and Dr. Leidy accompanied him to Europe, to aid in the collection of materials for a pathological museum. He afterwards continued to act as prosector to Dr. Horner, and as an assistant to Dr. Wood, in the formation of his magnificent Cabinet of Pathology.

In the summer courses of 1851 and 2, Dr. L. gave lectures on Physiology in the Medical Institute.

In the winter of 1852, in consequence of the feeble health of Dr. Horner, with the consent of the Trustees of the University, the Professors appointed him to complete the Anatomical course.

In the spring of 1853, the Trustees of the University elected Dr. L. Professor of Anatomy, to fill the vacancy occasioned by the death of Dr. Horner.

Dr. L. has for a number of years taken an active part in the Academy of Natural Sciences, and since 1846, has occupied the position of Chairman of the Curators.

Dr. L's literary labours are as follows—In the American Journal of the Medical Sciences:

1. On several important points in the anatomy of the human Larynx; xxiii, 141.
2. Researches into the comparative structure of the Liver; xxv, 13.
3. On the intimate structure and history of the Articular Cartilages, xxvi, 277.
4. On some peculiar bodies observed in the human subject, xl. 80.

In the Proceedings of the Academy of Natural Sciences:

5. Notes taken on a visit to White Pond, in Warren County, N. J., ii. 279.
6. Remarks upon the anatomy of the abdominal viscera of the Sloth, *Bradypus tridactylis*, Linn. iii. 72.
7. On the anatomy of *Spectrum femoratum*, Say iii. 80.
8. Description of a new genus and species of Entozoa, iii. 100.
9. On the mechanism which closes the membranous wings of the genus Locusta, iii. 104.
10. On Trichina in the Hog, iii. 107.
11. On the situation of the olfactory sense in the terrestrial tribe of the Gasteropodous Mollusca, iii. 136.
12. On the existence of a spiculum of bone in the human subject at the point of emergence of the trigeminus nerve from the dura mater, iii. 198.
13. On *Distoma Helicis*, iii. 220.
14. On a curious optical illusion, arising from the peculiar structure of the intervertebral substance of man, iii. 243.
15. Description and anatomy of a new and curious sub-genus of Planaria, iii. 248.
16. Descriptions of two new species of Planaria, iii. 251.
17. On the fossil Horse of America, iii. 262.
18. On the slow destructability of animal tissues in certain states, iii. 313.
19. On a new genus and species of fossil Ruminantia. *Pæbrotherium Wilsoni*, iii. 322.
20. Remarks on remains of the extinct Horse of America, iii. 328.
21. On the existence of the eye in the perfect condition of the Cirrhopoda, iv. 1.
22. On some bodies in the Boa Constrictor resembling the Pacinian corpuscles, iv. 27.

23. On a new fossil genus and species of Ruminantoid Pachydermata: *Merycoidodon Culbertsonii*, iv. 47.
24. On the development of the Perkinjean Corpuscle in Bone, iv. 116.
25. On the intimate structure of Articular Cartilage, iv. 117.
26. On the arrangement of the Areolar Sheath of Muscular Fasciculi and its relation to the Tendon, iv. 119.
27. On the existence of the Intermaxillary Bone in the Human Subject, iv. 145.
28. On *Tapirus Americanus Fossilis*, iv. 180.
29. On the Vegetable Parasites of Animals, with a description of new genera and species, iv. 225.
30. On new genera and species of Entozoa, iv. 229.
31. On the Odoriferous Glands of the Invertebrata, iv. 234.
32. Descriptions of new genera and species of Entophyta, iv. 249.
33. Remarks on the Vegetable and Animal Parasites of Animals, v. 7, 8.
34. On some Crystaline Bodies in the Gastric Mucous Membrane of the Larva of a Lepidopterous Insect, v. 32.
35. On new species of American *Annelida Abranchia*, v. 34.
36. Descriptions of new Entophyta growing within Animals, v. 35.
37. On two new genera of extinct Mammalia: *Eucrotaphus Jacksoni* and *Archæotherium Mortoni*, v. 90.
38. Contributions to Helminthology, v. 96.
39. Notes on the development of the *Gordius Aquaticus*, v. 98.
40. Two new species of Infusorial Entozoa, v. 100.
41. Description of some Nematoid Entozoa infesting Insects, v. 100.
42. Description of three Filariæ, v. 117.
43. On a new species of extinct Rhinoceros; *R. occidentalis*, v. 119.
44. On the Nettling Organs of the Hydra, v. 119.
45. On remains of extinct Mammalia from Nebraska, v. 121.
46. Description of new genera of Vermes, v. 124.
47. Descriptions of new species of Entozoa, v. 155.
48. On some extinct species of Turtles from Nebraska, v, 172, 173.
49. On the transplantation of Cancer in the Frog, v. 201.
50. On the Fungus Disease of the Mole Cricket, v, 204.
51. Contributions to Helminthology, v. 205.
52. On the introduction of parasites into animals, v. 210.
53. On the transplantation of Cancer in Frogs, v. 212.
54. Helminthological Contributions, v. 224.
55. On extinct Ruminant Ungulates, from Nebraska, v. 237.
56. Helminthological Contributions, v. 239.
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82. On extinct Mammalia and Chelonia, from Nebraska, vi. No. 10.

In the Journal of the Academy of Natural Sciences:

83. History and Anatomy of the Hemipterous Genus *Belostoma*, i. 57.
84. *Miscellanea Zoologica*, i. 67—Reprint from Proceedings.
85. Descriptions of two species of Distoma, with the partial history of one of them, i. 301.
86. Descriptions of some American *Annelida Abranchia*, ii. 43.
87. Description of a new species of Crocodile, from the Miocene of Virginia, ii. 135.
88. On the Osteology of the head of the Hippopotamus, and a description of the osteological characters of a new genus of Hippopotamidæ, ii. 207.

In the Transactions of the American Philosophical Society:

89. On the organization of the genus *Gregarina* of Dufour, x. 233.
90. Some observations on Nematoidea Imperfecta, and descriptions of three parasitic Infusoriæ, x. 241.
91. Description of an extinct species of American Lion: *Felis atrox*, x. 319.
92. A Memoir on the extinct Dicotylinæ of America, x. 323.

In the Boston Journal of Natural History:

93. Anatomical description of the animal of *Littorina angulifera*, v. 344.

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94. Internal anatomy of *Corydalus cornutus* in its three stages of existence, iv, 162.

In the Smithsonian Contributions to Knowledge:

95. A Flora and Fauna within living animals, v.
96. Memoir on the extinct species of American Ox, v.
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In the Report of a Geological Survey of Wisconsin &c. By D. D. Owen.

98. Description of the remains of extinct Mammalia and Chelonia, from Nebraska Territory, 535.

In the Official Report of the U. S. Expedition to explore the Dead Sea, &c. By Lieut. Lynch, U. S. N.

99. Remarks on the anatomy of *Helix lithophaga*, 207.

In the "Terrestrial air breathing Molusks of the U. S." By A. Binney:

100. Special anatomy of the terrestrial Gasteropoda, of the U. S., i. pp. 196–260.

101. American edition of Quain and Sharpey's Quain's Anatomy.
102. Translation from the German of Gluge's Atlas of Pathological Histology.

This catalogue of Dr. Leidy's publications, which will be very valuable to scientific men, appears for the first time in print, and is inserted by request of many of his friends both in this country and in Europe.

The foregoing history of Dr. Leidy, evinces a degree of industry, followed by an abundant reward of professional acquirement, and preferment, of which it will be difficult to find a parallel; and although educated in a common school, and with but few external advantages, his native talent, and arduous pursuit after knowledge in the direction which that talent pointed out, has secured for him at the age of thirty years, a name among the great and honored in science, both abroad and at home, and placed him in a position of usefulness and renown, to which few of his age ever attain. May his future career be even more useful to the world than his past labors; and may he wear his well earned honors with credit to himself, 'that his name may be as untarnished after him, as his works and researches in the field of science, are bright and enduring.

The Plea of Insanity. By I. S. Mulford, M. D.

The law of New Jersey, in relation to insanity, has latterly been defined and settled by competent authority. This definition was given by the then Chief Justice Hornblower, in the case of the State against Spencer. Spencer was arraigned upon an indictment for the murder of his wife, and the defence being grounded upon the plea of insanity, it became necessary that the Court should instruct the jury in reference to this point. This was done by the Chief Justice in an elaborate charge. In regard to the nature of insanity, the Chief Justice remarks, "that it is difficult to define in set terms, what insanity is. We all have a notion of what it is, and there is a great variety of phrases by which we are used to designate it. We say of a man who is insane, and has committed some atrocious act while in that state, 'he was out of his head,' 'he had not his senses at the time,' 'his mind was disordered,' 'he was crazy when he did it,' 'he did not know at the time what he was about,' and other language of similar import. The simple question for you to determine, gentlemen, is, whether the accused, at the time, *was conscious that it was an act which he ought not to do.* If he was conscious of this, he cannot be excused on the score of insanity; he is then amenable to the law. But if it is your opinion that, at the time of committing the act, he was unconscious that he ought not to do it, or in other words, incapable of distinguishing between right and wrong, in a moral point of view, then you have nothing further to do but to render a verdict of acquittal on the score of insanity." Again, "if you are satisfied beyond a reasonable doubt, that he was insane, the next question for you to consider will be, whether his insanity was such as to render him incapable of committing crime. For there are many kinds of insanity, and there are all degrees of insanity, and it is not every kind nor every degree of insanity that will render a man irresponsible for acts of atrocity. As I said before, if the prisoner, at the time of committing the act, was conscious that he ought not to do it, the law holds him responsible, and he cannot be exculpated on the ground of insanity, although on some subjects he may have been insane at the time. Whatever the insanity of the person may amount to, if he is conscious at the time of committing an atrocious act, and has reason enough to know that he ought not to do it, he is guilty in the eye of the law."

Substantially, the doctrine here laid down, agrees with that which was long received, without question, in the English courts. It has been conceded at all times that insanity exempts from the punishment due to crime; but more difficulty has been experienced in determining the question as to the real nature of the disorder that will give a claim to such exemption. One of the first attempts toward a precise solution of this question, was that made by Lord Hale. A kind of test was proposed by him, by which the capability and consequent responsibility of accused persons might be determined. "Such a person," says he, "as, laboring under melancholy distempers, yet hath ordinarily as great understanding as ordinarily a child of fourteen years hath, is such a person as may be guilty of felony." As a further explanation of his views, he also says, "that to exculpate a person from the penalty attached to criminal actions, there must be a defect of understanding unequivocal and plain, not the mere impulse of passion, or of idle frantic humour, or unaccountable mode of action, but an absolute dispossession of the free and natural agency of the human mind." At a later period it was said by another authority, "that in order to be excused from crime on the ground of insanity, a man must labor under such a deprivation of reason, as renders him as senseless as a brute or an infant." By Lord Mansfield, it was said, "that it must be proved, beyond all doubt, that at the time he committed the atrocious act with which he stood charged, he did not consider murder was a crime against the laws of God and nature." With some variation in the mode and tone of expression, the principle was maintained, that in order to excuse a man in the commission of crime, he must have been wholly incapable, at the time, of distinguishing between good and evil, or of comprehending the nature of his acts.

But, notwithstanding the strong authority in favor of this rule, it can only be admitted, at this time, with many exceptions; and where such issues are involved, it is important that the exceptions which may occur, should be known, and well understood.

The first, or at least the first well known instance of decided dissent from this doctrine, occurred on the trial of Hadfield, for shooting at the King in Drurylane theatre. In this case, the Attorney General laid down the doctrine before mentioned, in the strongest terms, declaring, that to protect a person from criminal responsibility "there must be a total deprivation of memory and understanding." The accused was defended by the celebrated Erskine, and in his reply he said, that if the expressions used, were to be taken in their literal sense, then such a case had never existed; for that in proper madness (excluding idiocy and fatuity) there was never a total deprivation of memory and understanding. In all the cases, he said, that had occupied attention in Westminster Hall, the subjects not only had memory, but also a perfect knowledge and recollection of the relations in which they stood. He declared further, that so far from being deprived of reason, they had generally been remarkable for subtlety and acuteness; that defects in their reasoning had seldom been traceable.

The statement of Erskine, at least in regard to a leading point, is nearly borne out by the experience of careful medical observers. The opinion is given by Dr. Evans, physician to the Friends' Asylum, at Frankford, that the rule, making a knowledge of the character of acts, the true test of accountability, "would embrace within the scope of its application, more than one half of the inmates of all the Asylums and Hospitals devoted to the insane." Presented in other words, this opinion will go to show, that the larger number of all those who are so insane as to be confined in Asylums and Hospitals, have yet sufficient understanding to determine the character of acts: of consequence they would, according to our law, be held accountable for any offence they might commit. But he said, although these persons were not destitute of memory and understanding, yet they were under the influence of some delusive idea; taking that for real which was either wholly or partly false, and reasoning and acting from these false notions. A delusion in regard to some special subject or thing, must be acknowledged to be a widely different condition of mind from a total deprivation of reason, or such an impairment of it, as destroys all power of distinguishing between right and wrong. That the former of these was to be taken as the true test of insanity, was the view to which Erskine continued to adhere, and this test has also been adopted by other authorities, and has been made the basis of opinions in courts. This new view, or the doctrine it embraces, was afterwards, made the subject of special consideration by the law judges of England collectively, in consequence of a series of questions directed to them by the House of Lords. Under some ambiguity of language, the answers made by the judges appear to convey the opinion, that delusion in itself, cannot be admitted as a ground of excuse: that if the subject, at the time, notwithstanding the existence of such delusion, is able to distinguish between right and wrong, he must be held accountable for his acts.

Upon this opinion it may be remarked, that if it be admitted that during the existence of insane delusion, the subject may continue to have a knowledge of the nature of such acts as come within the sphere of his delusion, still, if it be the delusion that controls his conduct, (as certainly it often is,) then the bare knowledge he has, must be null and of no effect. To require that it should have its usual influence, amounts to a demand, that an insane man shall not be governed by his insane notions, but, on the contrary, shall always conduct himself in a sane and proper manner, or otherwise suffer the penalty. Nevertheless, the law Judges of England were of opinion, that this bare knowledge is all that can or ought to be considered, and hence they went backward, and re-affirmed the ancient doctrine. But in framing their several answers, the judges fell into some inconsistencies of expression, which may serve, and which have been used, as a ground of exception against the doctrine intended to be maintained. In one instance it is said that the accused is punishable, if he knew, at the time, *that he was acting contrary to law—the law of the land.*

In another instance it is said, that in order to excuse a man from the consequences of his acts, there must be such a defect of reason as that *he did not know he was doing what was wrong.* The terms here used, admit the construction, that two different standards of action are given and set up; that which the law prescribes, and that moral sense which exists in the mind of the subject. A man may commit an act which he knows to be contrary to law, and which yet he may think to be right and proper for him, under the peculiar circumstances in which he conceives himself to be placed. This was seen in the case before cited, that of Hadfield; he was fully conscious, and admitted that he had transgressed the law of the land, but still believed that he had done *no wrong;* the end in his view fully justifying the act.*

It is also quite possible, indeed such cases have frequently occurred, that a man may have entire consciousness of the character of acts, both in a legal and "in a moral point of view," and yet, under the influence of some strong delusion, these ordinary standards of action may be quite disregarded. This may happen, because that, whilst the rule is apprehended with sufficient clearness, the subject is prevented by his delusion from making the proper application of such rule to his own acts. Upon this subject, Dr. Evans remarks, that the capacity of many of those who are so insane as to be fit subjects of hospitals, to distinguish between right and wrong in their ordinary relations, is well known to all who have been in the habit of mingling with and observing them, and it is not unfrequently the case that patients whose delusions render them violent and dangerous at times, are nevertheless, perfectly competent to point out what is right and wrong in the abstract, and will expatiate on the impropriety of conduct manifested by others, or denounce the wrong which they are quick to detect. While, however, this capacity to discriminate between right and wrong, is so far unimpaired, there may be some hallucination completely obscuring the connection of certain of their own acts, with that which they know to be wrong in the abstract, and which they would deprecate in others." But sometimes there is more than this; the subject may not onlyhave a knowledge of the rules of action generally, but he may also be quite able to perceive the usual bearing of these rules upon his own acts; the difficulty is not in any lack in this respect; but he believes that the ordinary rules of conduct are entirely superseded in his case. He knows that murder is a great crime according to the decisions of law and of morals; but he is under an insane belief that he is called upon to act according to another and a higher standard. A voice from heaven he will say, demands of him a sacrifice, and he obeys by destroying the object he believes himself to be required to give up, though it be, as it often is, the object which has been

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*Hadfield imagined "that he had constant intercourse with our Saviour; that the world was coming to a conclusion, and that it was necessary that he should sacrifice himself for its salvation; and so obstinately did this morbid idea continue, that he went to the theatre to perform, as he imagined, that blessed sacrifice; and because he would not be guilty of suicide, though called upon by the voice of heaven, he wished, that by the appearance of crime, his life might be taken from him by others. Under this insane delusion, he fired at the King." According to the principle of one of the rules above given, this man must have been condemned—by the other he should have been acquitted.—*Ray's Jurisprudence of Insanity*, p. 45.

the dearest to him of any upon earth. In such a case, shall the knowledge of law, the consciousness of right and wrong which he possesses, be that by which he shall be judged, and the insane belief which overrules his consciousness, be left entirely out of view?

[To be continued.]

Remarkable Case of Rupture of the Uterus. By J. L. DAY, M. D.

Dec. 5, 1851, called to see Mrs. T. a mulatto woman, in labor with her fifth child: on examination, found the head presenting at the superior strait—uterine contractions, regular and firm, continued for some time, but of no avail in bringing the vertex into the pelvis:—after a delay of several hours, sent for an assistant. On consultation it was decided to deliver with the forceps, which was done without injury and with instant relief to the mother, no unpleasant symptoms manifesting themselves. The forceps were used because we could see no good ground to believe from the results of existing contractions, that any number of them would avail to expel the child. The child, large in all its parts, was still-born. The placenta removed presently from the vagina. Here I may remark, that perhaps very often, the occasion of children being still-born, is, that cases are left too long to nature, the contractions though insufficient to expel the child, are yet sufficient to detach the placenta. That being detached, the child not being able to assume independent life till expelled, must die. The books give directions to deliver at once in such cases, and the guides to determine such a state of things are, hemorrhage and auscultation.

The escape of blood, in some cases, may be not sufficient to excite alarm; the passage being fully closed by the presenting part of the fœtus. No longer ago than yesterday, I attended a case in which the membranes were ruptured by myself, and scarce any fluid escaped till the head and chest were fully delivered, and then there was a small flood. Auscultation is not in all cases satisfactory, at any rate I am free to acknowledge that I cannot detect the precise moment when the fluttering of the fœtal heart betokens danger to the child; and again, this separation may be premature—not anticipated nor indicated by the severity of any of the previous uterine contractions.

May 4, 1853, called to see Mrs. T. in sixth labor—nothing remarkable in her symptoms, except acute sensibility to the feeblest uterine contractions, and pulse weaker than usual in the commencement of labor.

She was, at her own suggestion, stimulating the expulsive efforts by the use of black-pepper tea, in the hope of being the sooner relieved. She stated that she had been unable to sit up in the bed for some weeks before, the burden being so low, and projecting over the pubis. On examination per vag, the presentation high up as before, was difficult to make out. Rupture of the membranes revealed on a subsequent examination, a breech presentation. Some advancement of the presenting part, though slow, encouraged the belief that it would not be necessary to interfere. There was still a gradual failure of the pulse and I sent for an assistant. The usual diagnostic marks of rupture of the uterus were not present. The physician called in, predicted a favorable issue, advising the use of the hook, with this little or no progress was made. The patient exerted herself violently, and we soon saw she was rapidly sinking—the breech was displaced and the feet grasped—but we were able only to bring the feet outside the vulva—no reasonable force availing to advance them. She died, the child was unborn. Immediately section of the linea alba was made, and the child removed, the head presenting in the cavity of the abdomen. There was a longitudinal rupture in the anterior portion of the womb. The child immensely large, was also dead. On examination of the uterus thus exposed, we were struck with the extreme thinness, not more than a line in thickness, of the part in which the rupture was. (What must have been its extreme tenuity before the rupture?) The posterior portion was equally remarkable, that being nearly two *inches* in thickness—and when taken between the thumb and finger, was readily penetrated or broken down, between them. We could not decide how long this womb had been diseased, hypertrophied in one part, and atrophied in another. We could not but believe that here was manifest the reason that in her former labor so little force seemed expended in the right direction. We now saw things as they were, and much to our regret our patient was all too suddenly dead. Yet even now we could not tell whether the rupture was occasioned by the too powerful contractions of the thicker portion, or whether all the contractions were confined to the paper like substance of the anterior portion.

Could we have known the actual condition of the uterus, we should have made the effort to deliver by the feet at the earliest possible moment.

What occasioned the unusual feeble pulse noticeable at the first visit and what occasioned the extreme sensibility—the acute pain from contractions which in ordinary cases is not present? These symptoms were narrowly watched, and though alarming, we confess we did not anticipate so sudden and fatal a termination to the labor. And in conclusion we would ask, were the muscular fibres already separated by the constant pressure of the foetal head, (indicated by the complaint of inability to sit up in bed and rest the prominent abdomen upon the thighs) and were the overlying tissues, only left to yield to the uterine force more readily than the presenting part could be adapted to the natural passage?

Wilkesbarre, Pa., Sept. 1853.

Case of Difficult and Protracted Labor. BY ARIEL HUNTON, M. D.

On the morning of July 4th 1853, I was called to visit Mrs. J. in labor with her fourth child; her pains were so forcible before my arrival she supposed she should not wait for me. Soon after my arrival there was a remission; and they nearly ceased; about ten o'clock I made an examination, the os-uteri was well dilated, and the distended membranes perceptible, but no appearance of a child. At three o'clock, subsequent to another examination, I proceeded to rupture the membranes, the fluid discharged was five quarts; the lady then observed she felt perfectly well. Now, on examining, the shoulder and arm presented, the head to the right inguinal region, the nates, and feet to left. The pains entirely subsided, I waited over twenty-four hours, uterine pains did not return to any useful purpose. Uterine hemorrhage commencing, and the attendants showing great anxiety, and their fears communicated to the patient, she importuned me to wait no longer, but relieve her of her burthen, which I proceeded to do. In the operation of turning, I place my patient across the bed on her back, with the head lower than the hips, by raising the side of the bed on which I sit, or stand, four to six inches, in order that gravity may operate on the viscera, and cause them to recede from the pelvis; it will greatly facilitate the introduction of the hand. The thighs are now flexed on the abdomen, the legs on the thighs, the knees asunder, a lady at each limb to keep them in situ; now the right hand lubricated, the index finger of the left hand introduced into the vagina, with it press the perineum towards the os coccyx, then introduce the right hand, and search for the feet or foot, it being about as safe to grasp one as both. In the case under consideration, the child was so closely invested by the contracted uterus, it was with difficulty I grasped one foot; after turning, and bringing it to the external passage, I waited until uterine exertion occurred, and then I proceeded cautiously, and brought down the other foot, then extracted the child to the shoulders, and brought down the arms, the child being large. The head now remaining in the pelvis, and probably wholly in the vagina, uterine pains cannot expel it; in order to facilitate the passage of the occiput from under the arch of the pubis, I raise the body of the child nearly to a right angle with that of the mother, and use force in that direction, the face will slide through the perineum, and relieve the occiput from under the arch; the child was still born.

Rupturing the membranes in cases of mid-wifery is condemned by most of the old writers. In Hamilton's midwifery, and Smellie's tables, a plate will be recollected, where the membranes are protruding through the os-uteri, though such instances are very rare to the extent represented by the plate. When the os-uteri is well dilated, and the membranes are distended, I uniformly rupture them, and expect labor will progress more rapidly, and am seldom disappointed; the uterus will then contract, and operate with more force.* In a spontaneous rupture with the os well dilated, the child will soon follow; so with an artificial rupture.

For the perforation, or rupture of the investing membranes, I have invented the neatest, safest and most portable little instrument, ever exhibited; I have not applied for a patent, being conscious it will answer as well without. Trim the nail of the right index finger, from right to left, and left to right, to a point in the centre, in the form of a pyramid, or like the point of a lancet, let the sharp end project a trifle beyond the point of the finger. This instrument has served me in the capacity designated for more than twenty years. Some of our late writers recommend a rupture of the membranes in certain cases, in the use of a wire, or probe. I prefer my own instrument, and the faculty are welcome to the benefit of it, without a patent.

Hydepark, Vt., Sept. 11th 1853.

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*Ought not the vaginal muscles and perineum to be well relaxed, in addition to the os-uteri, before rupturing the membranes? We have often known it dilated, and yielding, when there was great rigidity of the soft parts, which in our experience is not a very favorable state of things for the rupture of the sac.—Ed.

Operation for Excision of a Malignant Tumor of the Upper Jaw.

By Frank Smith, M. D.

Mrs. Simmons aet. 60, had suffered for a month or two from a deep seated pain in the left cheek, when she noticed a gradual enlargement extending from under the eye back to the ear, but as it was not very painful, did not excite much alarm.

Shortly, however, she found the first molar tooth beginning to protrude and in a few days it was pushed entirely from the socket. From this time a tumour of a sarcomatous appearance began rapidly to fill her mouth. To form some idea of the rapidity of its growth, in ten days it increased from the size of an almond to that of a hen's egg, preventing the closing of the mouth. Pressure was evidently made on the orbit, and the tumor rapidly extended towards the ear.

Conceiving that a speedy operation afforded my patient the only chance of cure, I called in Drs. Moran and Allen, who fully concurred in my opinion. We commenced the operation by marking semi-circular incisions, commencing about an inch from the external angle of the eye, forward and downward, to the corner of the mouth, so as to avoid the infra-orbital foramen, and the parotid duct. On dissecting back the flap a considerable portion of the tumor was found protruding from the antrum, through an aperture caused by the absorption of the bone. The bone contiguous to the disease was found elastic and disorganized. With a small saw and gouge, the alveolar and palatine processes were divided back to, and including a portion of the palatine plate. After loosening the anterior portion of the tumor, some difficulty was found in removing it from its adhesions to the turbinated bones and to the inferior part of the orbit where it has its origin; the malar process was cut off by the absorption of the bone; after dissecting back towards the ear, it was found necessary to remove the bone entirely, back to the pterygoid process, which, being done the diseased mass was loosened, and finished the material part of the operation.

The actual cautery was freely used wherever the tumor had adhered. The hemorrhage was inconsiderable and easily controlled by pressure. The integument was replaced, and adhered by the adhesive process leaving little scar. At this date some appearance of a return of the disease has showed itself. I have freely cauterized it, but whether I shall be able to make a perfect cure is uncertain.

I have no drawing of the tumor, which was of very considerable size, and withal of a very unpromising appearance. Its peculiarity consisted in that although it had a firm fleshy feel, it grew with astonishing rapidity, and seemed to realize all that has been said of the terrible ravages of fungoid disease.

Hamburgh, N. J., Sept. 1853.

"A Flora and Fauna within Living Animals."

[Such is the title of a book by Joseph Leidy, M. D., published by the Smithsonian Institution of Washington City, in April, 1853. Its circulation is very limited, and as the Introduction comprises a summary of the most recent physiological researches into the theory of life, we shall present it to our readers in two numbers.—Ed.]

The recent excellent works by Dujardin,* Diesing,† and Robin,‡ upon animal and vegetable parasites of living animals, render another systematic record of the labors in this field almost superfluous; and the object of the present memoir is simply to give the result of a series of observations, commenced several years ago, upon associated entozoa and entophyta, constituting a flora and fauna within animals.

The existence of entozoa, or of animals living within other species has, from the most remote time, attracted attention, on account of the peculiarity, of their position, the unpleasant ideas associated with them, the sufferings they frequently induce, and the difficulty of explaining their mode of origin.

The entozoa have always constituted the strongest support to the doctrine of equivocal or spontaneous generation, one which has found distinguished disciples even to the present time; but since the days when barnacles were supposed to originate from the foam of the ocean, and ducks and geese to be developed from barnacles, this belief has been so weakened by the accumulation of facts, undenied and undeniable by the supporters of the doctrine, that it bids fair soon to be little more than an echo of the past.

The existence of vegetable parasites within animals, or of entophyta, from their minuteness, remained unknown, until the microscope of Leeuwenhoek detected the algoid filaments of the human mouth; but it is only within a comparatively recent period that any large number of distinct parasitic plants has been discovered.

The very great majority of modern observations indicate that entozoa and entophyta are produced from germs derived from parents, and having a cyclical developement.

A great difficulty in determining the course of this developement, particularly with entozoa, is, that their various stages of existence are passed under totally different circumstances; sometimes within one organ and then another of the same animal; sometimes in several animals; and at other times, even quite external to and independent of the animals they infest. If, however, an entozoon preserved the same form throughout its migrations, the difficulty just mentioned would be easily overcome; but such is not the case; for the alteration of form is frequently, and probably always, so great that two successive conditions cannot be recognized as the same.*

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* Histoire Naturelle des Helminthes, Paris 1845.

† Systema Helminthum, Vindobonæ, 1850.

‡ Des Vegetaux qui croissent sur l'homme et sur les animaux vivants, Paris, 1847.

When however, entozoa have been traced to their highest condition of developement, they have always been found to possess well-characterized organs of reproduction, and the females contain such multitudes of eggs as to render it no longer surprising to find intestinal worms so frequently in vast quantities. The entophyta, when fully studied, have been satisfactorily traced to sporules.

Under the circumstances above mentioned, it is very unreasonable even, to suppose the necessity of spontaneous generation for animals, which, in such very numerous instances have been proved to possess as great capabilities of reproduction as those whose cyclical developement is more evident; and it remains for the supporters of the doctrine to present one single direct observation, before even its probability can be asserted.

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* Thus, almost everybody is familiar with the *Gordius*, or hair-worm, vulgarly supposed to be a transformed horse-hair. The animal is rather common in brooks and creeks in the latter part of summer and in autumn, occurring from a few inches to a foot in length. Its color passes through all shades of brown to black, and it is perfectly hair-like in its form, except that in the male the tail end is bifurcated, in the female trifurcated (American species). No one has yet been able to trace the animal to its origin! The female deposits in the water, in which it is found, millions of eggs connected together in long cords. In the course of three weeks, the embryos escape from the eggs, of a totally different form and construction from the parents. Their body is only the 1-450th of an inch long, and consists of two portions; the posterior cylindrical, slightly dilated and rounded at the free extremity, where it is furnished with two short spines; and the anterior broader, cylindrical, and annulated, having the mouth furnished with two circlets of protractile tentaculæ and a club-shaped proboscis. No one has yet been able to determine what becomes of the embryo in its normal cyclical course. Those which I have observed, always died a few days after escaping from the egg.

The grasshoppers in the meadows below the city of Philadelphia are very much infested with a species of *Gordius*, probably the same as the former, but in a different stage of developement. More than half the grasshoppers in the locality mentioned contain them; but those in drier places, as in the fields west and north of Philadelphia, are quite rarely infested, for I have frequently opened large numbers without finding one worm.

The number of *Gordii* in each insect varies from one to five, their length from three inches to a foot; they occupy a position in the visceral cavity, where they lie coiled among the viscera, and often extend from the end of the abdomen forward through the thorax even into the head; their bulk and weight are frequently greater than all the soft parts, including the muscles, of their living habitation. Nevertheless, with this relatively immense mass of parasites, the insects jump about almost as freely as those not infested.

The worms are milk-white in color, and undivided at the extremities. The females are distended with ova, but I have never observed them extruded.

When bodies of grasshoppers, containing these entozoa, are broken and lain upon moist earth, the worms gradually creep out and pass below its surface Some specimens which crawled out of the bodies of grasshoppers, and penetrated into earth contained in a bowl, last August, have undergone no change, and are alive at the present time (November, 1852.)

In the natural condition, when the grasshoppers die, the worms creep from the body and enter the earth; for, suspecting the fact, I spent an hour looking over a meadow for dead grasshoppers, and, having discovered five, beneath two of them, several inches below the surface, I found the *Gordii* which had escaped from the corpses.

Some of the worms put in water lived for about four weeks, and then died from the growth of *Achlya prolifera*. What is their cyclical development?

The facts presented in this note serve well to show the difficulties in ascertaining the developmental history of entozoa.

To learn fully the nature, origin, and most favorable conditions of entozoic and entophytic life, we must commence our investigations with a clear view of the character and conditions of life in general.

An attentive study of geology proves that there was a time when no living bodies existed upon the earth.

The oblately spheroidal form of the earth, and the physical constitution of its periphery, indicate that it was once in a molten state.

A progressively increasing temperature in descending into the interior of the earth beyond the solar influence, with the phenomena of volcanoes, earthquakes, hot springs, etc., are strong evidences that the central mass of this planet yet preserves its early igneous condition.

The period which elapsed was incalculably great before the earth-crust upon its liquid nucleus had sufficiently cooled by the radiation of its heat for living beings to become capable of existing upon its surface. Not until the temperature had been reduced below the boiling point of water (212° F.,) could life have originated, for water in its liquid condition is necessary to the simplest phenomenon of life. It is even highly probable that no living thing appeared upon the earth's surface until its temperature had fallen below 165°. This ordinarily is the highest point at which albumen coagulates;* a substance in the liquid form, probably existent in all living beings, and essential to the performance of the simplest vital phenomonon.

Living beings, characterised by a peculiar structure and series of phenomena, appeared upon earth at a definite though very remote period.

Composed of the same ultimate elements which constitute the earth, they originated in the pre-existing materials of their structure.

Living beings originate in a formless liquid matter. The first step in organization is the appearance of a solid particle. An aggregation of organic particles constitutes the spherical, vesicular, nucleolated, nucleated body, the organic cell, the type of the physical structure or organization of living beings.

The phenomona which characterize the living being are: 1. Origin, or birth; 2, nutrition and assimilation; 3, exuration;† 4, developement and growth; 5, reproduction; 6, death. These, in the aggregate, constitute life.

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* Vegetable albumen coagulates at from 140 to 160 degrees F.; animal albumen, from 145 to 165 degrees.—Turner's *Chemistry*, American edition, pp. 740, 744.

Albumen in the liquid state "on being heated to 140 degrees begins to give indications of coagulating, if the solution is very dilute, the temperature may be raised to 165 degrees without the occurrence of this change; and when present in very small quantity, the albumen may not separate till the fluid boils, or even until the ebullition has been prolonged for a short time."—Simon's *Chemistry of Man*, Am. ed. 1846 p. 24.

† *Exuro*, I consume.

The origin or birth of a living being, is the appearance of its first particle, whether directly from inorganic nature or from a parent. There is a birth to every organic cell.

Nutrition and assimilation are associated in all living actions, being coeval with the birth of a living being, and ceasing only upon its death.

During life, particles of the living structure become effete, and are removed by consumption or exuration, through the agency of the oxygen of the atmosphere. This process has been confounded with that of respiration, a function of especial organs, the lungs, branchiæ, tracheæ which exist in higher animals only; it is really secondary to the more important process of life exuration. Exuration occurs in plants as well as in animals; in germination of the seed and in inflorescence it is very evident. In the growing plant, exuration is usually masked by the peculiar character and activity of the process of nutrition; but at night, when the nutrition of the plant is at rest, the exuration becomes marked in the evolution of carbonic acid.

Development and growth are definite in each species of living being.

Reproduction perpetuates the structure as well as the species of the living being.

Death commences with life in the destruction of effete molecules of structure; it is the cessation of all life-phenomena in the individual, or is the last phenomonon of life.

To live, requires certain indispensable conditions never absent from life; always preceding it. These consist of the specific components of the living body together with the constant presence of water, air, and a definite range of temperature.

The constituent matter of living beings necessarily precedes the phenomena of life.

Without water there could be no movement to indicate life.

Air is necessary to exuration. No living being is found out of its influence. The minutest radicle of a plant never penetrates into the earth beyond the access of air.

The range of temperature necessary to life is between 35° F.* and 135° F.†

Life cannot exist independently of any one of the above mentioned conditions. In very many instances, the removal of certain of the indispensable conditions of life-action may take place without the destruction of the power of living when these conditions are restored. Thus, many plants and animals, seeds and eggs, may be dried; yet, upon supplying moisture to them, with all the other conditions, they will again present the characteristic phenomena of life.

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* The so-called red snow, *Protococcus nivalis*, Agardh., an algous plant of polar and alpine regions, grows and reproduces only upon thawing snow, though it may be found beneath virgin snow and in a temperature far below zero; nevertheless, in such circumstances it has ceased all activity, and may remain so for a long period. The plant is remarkably indestructible. I have a specimen contained in melted snow-water, yet alive and of a red color, December, 1852, which was brought by the enterprising traveller, Dr. E. K. Kane, U. S. N., from Cape Beverly, latitude 76.10, during the Grinnell expedition for 1850—51, in search of Sir John Franklin.

† Certain algæ grow in thermal springs, of the temperature of 117 degrees F.

Probably every species has a definite course to run in consequence of a general law; an origin, an increase, a point of culmination, a decline, and an extinction. Within this course there may occur, under the influence of ordinary circumstances, cycles of temporary increase and diminution, until, finally, the entire machine of life of the species runs down.

The indispensable conditions of life are susceptible of a great variety of modifications, within a definite range, without its destruction.

Accompanying a variation of essential conditions of life, is presented the immense number of specific and individual peculiarities of living beings. The variation consists in the difference of the relative quantities of the indispensable conditions required and supplied, in addition to a modifying influence of light, probably of electricity, and possibly of some other, but yet unknown agency.

The absence or presence of light is a highly important modifying condition to those indispensable to life. With the solar light, we find the green plant, which constitutes the basis of life with most terrestrial animals. Without it, the green plant and its dependent animals could not exist, but another race, now represented by certain cryptogamia, and the animal denizens of dark caverns, might inhabit the earth.

A species of plant or animal may be defined to be an immutable organic form, whose characteristic distinctions may always be recognized by a study of its history.

Any species may present individual forms not characteristic; for all, in the progress of development and course of life, are liable to modification within definite limits, which cannot be transcended without cessation of action. The original proposition is, however, not affected, for no one has ever been able to demonstrate the transmutation of one species into another.

The most ordinary and extensive modifications of species from the characteristic type are presented by arrests of developement. Hence, the necessity of studying the history or cyclical course of a species in order to be capable of always recognizing it.

A modification of condition beyond the range of specific life-action, must necessarily, result in the extinction of the species.

The study of the earth's crust teaches us that very many species of plants and animals became extinct at successive periods, while other races originated to occupy their places. This probably was the result, in many cases, of a change in exterior conditions incompatible with the life of certain species, and favorable to the primitive production of others. But such a change does not always satisfactorily explain the extinction of species.*

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* Thus, there are numerous instances of species of animals which have become extinct, and their place supplied by others so closely allied, that it is difficult to comprehend how the exterior conditions for their existence should be so different; as in the case of the *Equus Primigenius*, *E. Americanus*, *&c.*, which have given place to the *E. caballus*, the *Bos primigenius* whose place, is supplied by the *Bos taurus*, the *Bison latifrons* by the *Bison Americanus*, &c.

The historical period of man is too short to ascertain with certainty whether such a view be correct, but it appears to be favored by analogy. The power of reproduction is limited in each individual. Plants may be reproduced to an incalculable extent by cuttings, but ultimately the power to reproduce in this manner becomes exhausted. The perennial plant puts forth phyton after phyton, but the seed is necessary to its perpetuation. Numerous lower animals are reproduced to a vast extent by segmentation or allied processes, but ultimately a recurrence to sexual admixture becomes necessary for the preservation of the species.* Sexual admixture, limited to a few families of a species, soon ends in their extinction. Finally the complex living being, from birth to death, produces an immensity of living organisms, the organic cells; but the egg and seed are necessary to insure the species against extinction.

Living beings did not exist upon earth prior to their indispensable conditions of action, but wherever these have been brought into operation concomitantly, the former originated; and for such an immensity of time and vastness in quantity, have they existed, that most of the superficial rocks of the earth's crust are composed of their remains.

The stratum of life has been always subjected to the destructive agency of earthquakes, volcanoes, and torrents; but it is wonderful how soon, under the play of the life-conditions, the new surface again teems with living beings. Here and there, upon the wide area of the earth, an igneous rock peeps out as if to observe the monopoly of life, but even this, in the progress of time, has its steep sides hidden by lichens and its summit enveloped in verdure.

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* Instances in favor of the view are numerous; among others, I have met with a striking example in the case of a worm, to which I have given the name of *Stylaria fossularis* (Proc. Acad. Nat. Sci. V. 287.) This worm is found abundantly in ditches in the neighborhood of Philadelphia, during warm weather, and is constantly observed to be undergoing division. Individuals, a third of an inch long, are usually found to consist of two divisions, and occasionally of three, in various stages of progress towards separation. The divisions are composed of about twenty-two annulations, each possessed of a pair of fasciculi of five podal spines and two bristles. The head consists of a large lobe with a long digit-like appendage, and presents an eye upon each side of a large mouth. The latter opens into a capacious pharynx, which afterwards contracts into a cylindrical œsophagus, continuous with a well-developed intestine, but within the animal no trace of a generative apparatus can be perceived.

In the course of a season, a single individual may reproduce some millions simply by segmentation; but as cold weather approaches, we find the animal to lose this power—not resulting from the influence of the cold, but from exhaustion of the power; because even if the worms be placed in a warm situation, as in the window of a warm room, where the sun may shine upon the vessel containing them, they are observed to cease division. The loss of power of this mode of reproduction, is, however, compensated for by another succession of developments.

The worms grow to an inch in length and are composed of sixty annulations, each being provided with double the previous number of podal spines. Within the body, an androgynous generative apparatus becomes developed; within the ovaries are developed ova, and within the testis, spermatozoa. Two individuals copulate, eggs contained in bottle-shaped cases are extruded, and ultimately the parent dies.

After some weeks, in a warm situation, the ova are hatched, the young escape and move freely about, and soon commence to reproduce their numbers by division.

BIBLIOGRAPHICAL NOTICES.

The Maternal Management of Children in health and disease. By Thomas Bull, M. D., member of the Royal College of Physicians; author of "Hints to mothers," for the management of their health during pregnancy and the lying-in room. Second edition: Philadelphia, Lindsay and Blakiston, 1853.

The book before us, occupies, with its index, 423 octavo pages, and these are devoted to the discussion of the various topics embraced in the comprehensive title. The management of children in health and disease, the reader will perceive allows a wide field for observation and research: the duty of mothers during the period of nursing, with rules to regulate their health in the course of this period, and directions for the choice and management of wet nurses; the diet of children, in the various stages of infancy and childhood, with hygenic rules; instructions relative to the use and abuse of medicines; and important suggestions on the subject of vaccination, and teething, constitute the first part of the book. The second part is devoted to the management of children, in disease; presenting general remarks on illness, and hints for the early detection of disease in the child, by the mother; the accidents and maladies which may occur at birth or soon after, with those of later infancy and childhood: useful hints upon the maternal management of all these disorders, with a final chapter on the prevention of scrofula and consumption.

This book, written for the nursery, as well as for the physician's library, is replete with useful hints even to the experienced practitioner, and certainly the trans-atlantic mothers have reason to fortify themselves against the inroads of disease, from the startling announcement made at the commencement of the introductory remarks, as follows, viz: "One child in five dies within a year after birth, and one in three before the completion of the fifth year." While this average embraces the *whole of England and Wales,* the cities and the great metropolis will render a still more frightful proportion. This is an alarming truth for all *babydom,* and it behooves American as well as British mothers, to heed and learn from Dr. Bull, what he desires to teach them.

Elements of Health and Principles of Female Hygiene. By E. J. TILT M. D., Senior Physician to the Farringdon General Dispensary and Lying-in Charity, and to the Paddington Free Dispensary for diseases of women and children. Phidadelphia, Lindsay and Blakiston, 1853, pp. 436.

The reputation of Dr. Tilt, as a writer on female diseases, will secure for the book before us, a welcome, alike to the domestic fire-side, and to the physician's sanctum. The study of the human constitution in its moral, mental, and physical elements, seem to be the chief point in the work, and the results of a violation of the mutual harmony of the laws of life, as manifested in moral infirmity, mental disease, and physical death, are clearly set forth. The various stages of life, from early infancy to the closing scene, are considered with reference to their diseases, and hygiene, and much valuable information imparted, particularly in the matter of food and clothing, both for mothers and children. This is a subject in which we feel much interested, and it would accord with our taste and inclination to give a few excellent extracts from Dr. Tilt, upon this subject, but the space allowed to our Bibliographical department, forbids extended remark. Physicians should recommend it to their patients, as a valuable aid to their own advice and labors.

A MATERIA MEDICA ANIMALIA: *Containing the Scientific Analysis, Natural History, and Chemical and Medical Properties and Uses, of the substances that are the products of Beasts, Birds, Fishes or Insects, illustrated by colored Engravings of Original Drawings Copied from Nature.* BY PETER P. GOODE, Editor of the Family Herald, and Materia Medica Botanica. Cambridge, Mass., Published by the Author.

Our readers are already familiar with the Author of the Materia Medica Annimalia. He gives us in the book before us, first, a tolerably good portrait of himself, (and certainly when a man has spent his life in the field of Science culling its fruits for the benefit of others, until his head is printed with age, he deserves a portrait,), then he furnishes colored engravings of various animals belonging to other families than those of man, among them, from the sea are taken the coral, sponge, oyster, cod, sturgeon and whale; from the field and forrest the ox the boar, and the sheep, the civet cat, the musk-ox and hog. Then from the ditch, snakes, beaver's leeches &c., while flies, bees, spiders, snails, earth-worms and beetles come in for their throne of respectful notice, in the way of describing, their geographical descriptive quality, essential, secondary and specific characters, natural history &c., and the materials they severally furnish for the Materia Medica. The book is novel in its design, and the embellishments we should think pretty well executed—we wish its author good success in this new enterprise.

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* On account of the overcrowded state of our columns, and for other reasons, we are obliged to postpone the notice of the following works, which will receive due attention in our next. "Miller's Practice of Surgery;" "Walton's Operative Ophthalmic Surgery;" "Wythe's Microscopist;" and "Physician's Visiting List."

EDITORIAL.

The Relation of the New Jersey Medical Society to the State Law.

The fact that the Statute book of New Jersey has always contained provisions for the encouragement of the medical profession, and the protection of society against the inroads of uneducated or unprincipled "pretenders to the healing art," imparts an interest and importance to our relative position at this time,that is not realized, probably, in any other state of the Union. In New Jersey, we, as a society, are older than the state. In our colonial history, the profession of medicine furnished some of the most enlightened and distinguished counsellors—in the long struggle of war, none were more vigilant and self-sacrificing in relieving the distresses and afflictions of its unfortunate victims, than the members of the Medical Society, that had originated in the infant colony, and was zealous in its efforts to promote the cause of science till the revolution commenced: and though they became separated and feeble, by the storm of conflict which raged through seven long and desolate years, yet when New Jersey became an independent state, the medical profession collected again its scattered remnants, from the field and the council, and commenced with renewed vigor the cause of medical improvement. Their first fruits were laid at the feet of state authority, and in return, there was freely bestowed the gift of legislative support and encouragement.

From that period until the present, we have retained a place in the history of state legislation; but we are compelled to admit the truth, that our present relation to the state is in no wise calculated to do us good, except it be in the fact, that we possess a charter, by which we are recognised as a useful organization.

Let us examine this relation, as it has been, and as it is. Until 1851 we were a corporate body, having power to receive, or reject applicants for license, after a careful and impartial examination by competent censors; and in this respect, we were *honored* by the state, with the privilege of selecting our own colleagues, while we conferred upon society all that we could of protection to life and health, by adding our testimony to the voice of civil authority, against the admission of unqualified persons to the ranks of the profession, and by arduous labor in private professional life. This was well, and in a good degree, accomplished the end intended by the state, and desired by an intelligent community. True, there were recreants, there were malefactors, deceivers, &c., but for these we were not responsible; they are found in all professions, and in every department of life. But the time came in the legislative history of our noble little Jersey, when this charter under which our fathers lived, and the advantages of which have been enjoyed by the profession and the people alike, for so many years, was to be used for other purposes: and men from the plough, the shop, the counting-house, the bench, the bar, and even the pulpit, assemble in legislative halls, pass judgment upon the qualifications of medical graduates, compel the society to receive any that may come from either of five colleges, located in Philadelphia or New York, and then, if they turn out to be reckless, ignorant, or designing, and calamity falls upon families or communities through them, the New Jersey Medical Society unwillingly bears the odium, which, in truth belongs to the state, which has opened the door to the mountebank, and bidden him come, and scatter freely among us the poisonous fruits of his ignorance and presumption.

But it may be enquired, are not these colleges reputable, and are not their graduates to be relied on? The answer is, the colleges are as good as may be found in the land, and we have no controversy with them; but among the hundreds who year after year come out from among them, clothed with the honors of the doctorate, it is acknowledged by all, and is freely admitted by themselves, that many are unworthy—they slip through, even with a tolerably thorough examination, but for want of moral stamina, will assent to any mode of practice that may happen to suit the popular taste of their several localities, or what is more probable, will adopt the lowest tricks of charlatanry that degrade the profession, and disgrace the man. To check this tide of empiricism, it was proposed at the last meeting of the American Medical Association, to secure from every graduate a written obligation or pledge, to preserve his fealty to the code of ethics promulgated, and to the system of practice taught, by his Alma Mater.

Again, all other schools and colleges except the privileged five, are cut off by our law, from the list of acknowledged institutions. Worthy men, and true, may come to New Jersey, with diplomas from Virginia or Kentucky, in the south, from Maine or Massachusetts, in the east, or from beyond the lakes and rivers of the west, and they may be allowed to practice the "healing art," among us,only after a satisfactory examination by medical censors: but all who may present a diploma from the institutions named in the law, by the payment of *five dollars,* shall secure a license, under the signature and seal of the Medical Society, *without* an examination; while the Medical Society so acting under legal compulsion, carries the weight of their character, moral and professional. We are therefore free to assert, that if the legislature is competent to judge of the efficiency of medical schools, it ought also to judge of the medical qualifications of individuals who may emanate from them as graduates; and it should relieve the society of the necessity of receiving and acknowledging such graduates without an examination. Hence, to be consistent with itself, and the law that it has framed, and imposed upon us, it should appoint a Board of Examiners, composed of good wholesome farmers, and mechanics—shrewd merchants—erudite judges, and lawyers—with a good representation of meddling preachers; and these, under the "broad seal" of the state, should assemble at Trenton, after due notice having been published in all the papers of *New York* and *Philadelphia,* and hand-bills posted on the black boards of the five colleges, and the doors of the legislative chambers of the state, at least one month beforehand, and deliberately proceed to examine, first, the diplomas of all candidates for state patronage, to assure themselves that they are genuine; and secondly, to arraign each *aspirant* and give him a thorough *grinding* on the subjects of anatomy, physiology, chemistry, organic and inorganic, materia medica, and pharmacy; the theory and practice of medicine, surgery, obstetrics, and the diseases of women and children. After satisfying themselves that the candidates possess a good knowledge of these various branches, they then should issue a parchment, signed by each, and sanctioned with their seal, and send them out upon the tour of professional life. It should also be declared as one of the provisions of the instrument, that if, like Bunyan's pilgrim, they should fall asleep, and lose the scroll, by returning to the shady arbor reared by the legislature, they could find it again.

Such, then, is our relation to the state. We are a corporate body, having no right of choice as to who shall be our associates, and no opportunity of throwing off the odium that may arise from a forced companionship with ignorant, or designing individuals. But it is said that the President of the society may exercise discretion in the matter of granting licenses. No discretion is allowed him, unless he is possessed of evidence of immorality on the part of the applicant; and this of course no applicant will furnish; and if he be called for testimonials of morality they are always at hand. The cause of complaint, therefore, is, that the society has no right to institute enquiries as to professional merit or ability. A man may slide through a college with but little brains, and still less conscience, and the Medical Society asks of the state the poor privilege of defending itself from contact, and companionship with him; this it is not only denied, but the reproach of all their professional sins, is cast upon the Society, which it is compelled to bear, having only the power of remonstrance left; and when the voice of remonstrance is raised, it falls as powerless upon the mind of our state legislature, as the infant's rod upon the ground.

It may be said of them as of the beast in the fable:—

> As when a sluggish ass in corn is found,
>   Whose back has numerous staves already broke,
> He now with troops of boys encompass'd round,
>   Impenetrably dull receives the stroke;
> Teaz'd, but not hurt, he stands their utmost spite,
>   Nor blows, nor shouts, can urge him to return;
> Weak are their cries, and childish is their might,
>   Serene he pastures on the bladed corn,
> At length, and scarce at length, he deigns to yield,
> Driv'n, sated with repast, slow-footing from the field.

So will it be in the future. A few more years of reckless law-making, when the legislative appetite shall be satisfied with a full mess of quackery, though it may be slow footed, it will go, like the sickened ass, hoven to its stall, and wander no more in forbidden fields.

We claim for the society the right to exclude all persons from its fellowship, who may be esteemed unsuitable. We claim for the state, the exalted dignity of a wise and independent government; but we mourn for both—for the first, because it is the victim of imprudent and oppressive legislation; and for the second, because it will not foster the safest means of securing health to the people; and when we say this, we mean to say that human life and health are better preserved by the rules of science, than by the *neck-or-nothing* experiments of rude empiricism. True, it is possible that there may be a conservative power exercised by the county Medical Societies; they may admit whom they please to membership; they may reject the applications of even licensed physicians, who, if not received as members in the counties, cannot be delegated to the state society; but, as the district and state organizations act under the same charter, as they partake of a common fund, as they are in fact the same body, there would be inconsistency, if not a want of loyalty, in the county refusing to recognize a licentiate, recommended by the official act and seal of the state; hence the controlling power is in truth, a nullity.

We believe we have done justice to the medical profession of New Jersey, in attempting to portray their true relation to the government under which they live. We believe we have correctly represented the government, in attempting to point out its errors with reference to our profession: and next follows the conclusion. If the truth has been correctly stated in these pages, the question is involuntarily proposed to the mind, what better are we for the union? Even admitting that it has been ratified by the experience and wisdom of nearly a hundred years, what better are we? Some there may be, who would break the bond; some, who would wear the yoke without complaint, and some, perchance who have never opened their eyes to see their chains; but "troops of boys" there are, who, encompassed round the swelling feeder, carefully watch his bloating; and though their cries may be weak, and their might childish, and they may not urge by blows or shouts, yet as the *inflation* goes on, the strength will yield, and dolt-like, he shall fall back, and seek the care of those whose warnings he had long rejected. Let us not break the bond, nor yet wear it without complaint; but patiently wait the advent of a brighter day, when a wise legislation shall declare its authority in favor of science and truth.

Epidemics.—In our last, we announced the prevalence of *Yellow Fever* in New Orleans. Six weeks have elapsed, and the end is not yet. Death has been claiming his victims at the rate, for a portion of the time, of about two hundred a day. But we are happy to say that there is a very great diminution in the mortality, the reports scarcely reaching fifty per diem at this date (Sept. 20.) The total mortality in that city alone, from the commencement of the epidemic (May 22d,) up to the 18th inst., has reached 8,119. We propose in a future number giving a concise history of the epidemic, comparing it with those of former years. But the abatement of the fever in New Orleans (which seems to be rather from *want of material* than from subsidence of the epidemic influence,) has been succeeded by its alarming prevalence in other cities, towns, and villages, on the river, bayous, lakes and gulf. It is also raging violently at Mobile the proportion of deaths to the number of inhabitants, being greater than during its heighth at New Orleans. Neither have our northern cities entirely escaped. It is whispered that Philadelphia, and even New York, despite the silence of newspapers and Boards of Health, are suffering from the disease to a limited extent. The fever broke out in Philadelphia on the arrival of the bark Mandarin from Cienfuegos, W. I. on the 13th of July last. The *Medical Examiner* for September, contains a report of thirty-eight cases, and thirty-one deaths up to the 20th of Aug., with an intimation that other cases had occurred, of which they did not succeed in getting a report. At this date (Sept. 20), we learn that it increases in violence, though the newspapers, and authorities are silent on the subject, with the exception of now and then a case or two in the reports of the Board of Health.

In our last, we also spoke of the prevalence of *cholera* to a limited extent in our own country, and alarmingly, abroad. While in its sporadic and epdemic forms this has become one of our established diseases, and is the source of but little anxiety to the physician, in its epidemic form it is still a scourge, baffling to a great extent, all the resources of the healing art. In its epidemic variety it continues to prevail to a limited extent in some parts of our country, Mexico and the West Indies, while the violence with which it rages, in Russia, Sweden, Prussia, Germany and Denmark, decimating the population in some parts of those countries, steadily making progress to the westward, precisely as it did during the memorable epidemic of 1832, forewarns us to prepare for the worst. Already has the disease appeared in Liverpool, England, and the present indications are, that by next spring at furthest, this scourge will visit our own shores. It becomes practitioners of medicine therefore, to betake themselves to their books, study the past history and pathology of the disease, and fix in their own minds, as far as it is possible to do it beforehand, some principles of practice, against they have the disease to combat, when, if we mistake not, they will have little time for reflection.

B.

To Readers and Correspondents. The press of matter on hand, has swelled our present issue four pages beyond its ordinary capacity, and yet we have been obliged to omit several Bibliographical notices, and an article from Dr. O. H. Taylor, of Camden, on "*Atresia Vaginæ*" and other matter, which will appear in our next. We must remark also that we have been unable to copy anything from our exchanges for want of room. We hope a " better time" is coming.

PROCEEDINGS OF MEDICAL SOCIETIES.

The *Camden County* District Medical Society met at Camden, June 21, at 12 o'clock. Dr. Charles D. Hendry, President, in the Chair. After the usual reports of committees and delegates, the committee on diseases incident to the county, reported through their chairman, Dr. O. H. Taylor, an interesting paper, in which the diseases prevalent throughout the county, during the last year, were ably discussed, together with some peculiar cases which came under his particular notice. Report accepted and ordered to be filed.

On motion of Dr. Woodruff, it was *Resolved* "that a Standing Committee of three be appointed to report at each meeting of the Society, and that each member of this Society be requested to transmit to the Chairman, such cases occurring under his notice, as he may deem interesting; and that the Secretary be requested to furnish a copy of this resolution to each of the members who are absent from this meeting." Drs. Taylor, Woodruff, and Snowden, were appointed on that committee.

Drs. Woodruff, Bowman Hendry, Mulford, and Cullen, were elected delegates to the State Medical Society, for the ensuing year.

On motion of Dr. Cooper, *Resolved*, that all delegates unable to attend, be empowered to appoint alternates.

Dr. Cooper was appointed delegate to the next National Convention—Dr. Schenck, alternate.

On motion, Dr. Bowman Hendry was appointed to deliver the Annual Address at the next meeting.

On motion of Dr. Taylor, it was *Resolved*, that the proceedings of each meeting be published in the "*New Jersey Medical Reporter*"

Election of officers being in order—

Dr. Charles D. Hendry was elected President.

Dr. John W. Snowden, vice-President.

Dr. Thomas F. Cullen, Secretary and Treasurer.

Members present—Drs. Woodruff, Cooper, Bowman Hendry, Snowden, Mulford, Taylor, Schenck, Charles D. Hendry, and Cullen.

On motion of Dr. Cooper, *Resolved*, that the Secretary be directed to draw up a copy, of the Constitution and By-laws, embracing all the amendments made during the existence of the Society.

On motion, adjourned to meet at the usual time and place.

THOMAS F. CULLEN, Sec'y.

The Semi-Annual meeting of the District Medical Society of the *County of Burlington*, was held at the house of R. C. Humphreys, in Mount Holly, on the 12th day of July, 1853.

The President, Dr. Butler, in the chair—members present, Drs. Stratton, Coleman, Budd, Parrish, Bryan, Reid, and Gauntt.

The minutes of the last meeting were read and adopted.

On motion, Dr. Pugh, of Bristol, Pa., and Dr. Denby, of Mount Holly, were invited to take part in the proceedings, and dine with the Society.

The President announced that the next business in order was the address of the vice-President, Dr. Page, who was however absent, in consequence of sickness.

Dr. Parrish read an essay on the importance to the functions of the skin in the treatment of disease.

Dr. Coleman made a very interesting statement of a case of Hysterical mania—the subject being a young Irish woman, who had disgorged several quarts of materials from the stomach, consisting of half digested muscular remains and intestines, together with vertebræ, ribs, and other bones of birds, fishes, and reptiles, and who had, so far, been so cunning in practising her deceptions, as to escape detection. [A full report of this case will be prepared for the *Reporter*. Ed.]

On motion of Dr. Parrish, it was *Resolved*, That in the discussions that may be had before this Society, on topics of interest to the medical profession, each member participating, shall, if requested by the Secretary, furnish in writing, a summary of his remarks for record, and publication.

The subject of vaccination was proposed for discussion at the next meeting.

The members present paid their annual contributions.

Adjourned to meet at the house of S. B. Campion, on the 2d Tuesday in October.

FRANKLIN GAUNTT, Sec'y.

FRANKLIN CO. (MASS.) DIST. MEDICAL SOCIETY.

The fellows of this Society held an adjourned meeting at Shelburne Falls, Sept. 7.

The President, DR. WILLIAMS, on taking the chair, announced his intention to withdraw his connection from the Society, in consequence of the contemplated removal of his residence, whereupon the following preamble and resolutions were unanimously passed:—

Whereas the Fellows of this Society have heard with regret the determination of Dr. Williams, just expressed, therefore

Resolved, That we cordially recommend him to the favorable notice of all kindred bodies, as an exemplary associate; and to the public, as a competent physician and surgeon, well versed in the principles of science and learning, and a gentleman of unimpeachable character.

Resolved, That this Society express its regard for Dr. Williams by presenting him a gold watch.

Resolved, That he be requested to give to this Society a sketch of his professional life.

Agreeably to the second resolution, a fine gold watch was presented Dr. Williams by Dr. J. Deane, accompanied by the following remarks:

Sir:—In behalf of the Fellows of this Society I present you this gold watch as an expression of our regard for your character as a gentleman and physician. By your varied attainments in learning and science, and by your urbanity and punctilous decorum, you have ever won our confidence and respect, and it cannot be but gratifying to you to know that in all the intimate relations that have so long and so uninterruptedly existed between us, we have never entertained a suspicion of your integrity or your honor. It is therefore with sincere regret on our part that these relations are to be severed, but in going from us, you will unquestionably bear with you our fraternal sympathies and good will. Through the remainder of your useful life, do not doubt that these friends will, while they live, cherish your memory and exult in your prosperity. With these sentiments we offer you this parting gift, with the hope that it may measure to you many years of health happiness and honorable age.

The reply of Dr. Williams was as follows:

Gentlemen:— I can scarcely give utterance to my feelings for the elegant gift of this gold watch as a parting token of your affection; and for the flattering expressions of your regard for me. Next to the approbation of God and my conscience, is that of my professional brethren, for in the language of Burton, " none but a physician can judge with regard to the qualifications of a medical man."

When I shall look upon this acceptable present,—and it will be my constant companion,—it will not only remind me of the rapid flight of time, but also of your endearing friendship that I can never forget. With most of the Fellows of this Society I have long been on terms of intimacy, and I trust we will part with mutual good will. My warmest thanks are due to you all for the distinguished honors you have conferred upon me and for the confidence with which you have accepted my counsels and advice.

This Society is dear to my heart. For many years I have exerted myself to establish it, and it affords me the highest pleasure to know that I leave it in the keeping of gentlemen who will honor it and themselves by their fidelity to it.

From early life I have been devoted to the profession of medicine and my love for it has been unquenchable: I early put on the professional armor and have labored unceasingly and I hope not unsuccessfully. I shall yet wear it (and perchance die in it), on the lovely prairies of the West, and I shall look back upon your friendship with unmingled satisfaction and delight. In tearing myself away from my beautiful native town where I have resided more than sixty years, I feel that the ligaments of my heart are broken; but the calls of duty urge me, and they are imperious.

In accordance with the last resolution, Dr. Williams gave a highly interesting account of his professional career, a copy of which was solicited for the archives of the Society.

The usual address was delivered by Dr. Cooke of Wendell, which was received with zest and instruction, and with the thanks of the Fellows. His subject was *Medical Delusions.*

The meeting was closed by a discussion on Dysentery, in which most of the Fellows participated, and was followed by a very excellent dinner served with taste and attention by the gentlemanly proprietor of the Shelburne Falls House. After requesting the editors of the Boston Medical and Surgical Journal, and of the Greenfield papers, to publish these proceedings, the Fellows separated, delighted with their interview, not forgetting, however, that it was the last at which the venerable President would preside.

The watch was a heavy, full jewelled English lever, of the value of $100, and was purchased of Mr. Josiah Day. It bore upon its outside the following inscription:

Stephen West Williams, M. D.
President
Franklin Dist. Med. Society.
From the Fellows,
Sept. 7,
1853.

EDITOR'S TABLE.

The changes in our periodical medical literature are so frequent, and so rapid, that we can scarcely keep pace with them. No sooner does one man vacate the chair editorial, because he discovers that it is an expensive dignity, than another vaults into his place, assured that nothing is wanting, but his own talent and energy, to make the enterprise successful. Yet, most of these periodicals, having some private interest to advocate, are sustained for a time, even though it be at considerable pecuniary sacrifice, which falls more lightly on individuals in consequence of being shared by several. Well—the field is broad, and it is open to all, *and there is room enough for all,* only, let each, whatever other interest he may advocate, see to it that so far as the fair honor of our noble profession is in *his* keeping, it is preserved inviolate.

Loud rumors of a "flare up" among our brethren in Cincinnati, having been wafted hither away by the prevailing western breezes, we predict that we will shortly have occasion to notice the advent of a new "candidate," in that field.

The Medical Reporter.—Think not, reader, that we are going to press upon you here, a notice of our own "Reporter." For that, we refer you to the fourth page of cover. *This* "Reporter" is "A Quarterly Journal published under the direction of the Chester, and Delaware Co. (Pa.) Medical Societies," and edited by a joint committee of those societies. It is a neat, well printed work of thirty-two pages, and is particularly intended to be a vehicle through which the proceedings of those societies may reach the public. The object is a good one, and we hope the enterprize will prove eminently successful. Terms—one dollar a year in advance. Address Wilmer Worthington, M. D., or Bowen and Meredith, West Chester, Pa.

The Western Medico-chirurgical Journal., J. F. Sanborn, M. D., editor and proprietor. Bi-monthly (40 pages), two dollars per annum, in advance. Keokuk, Iowa.

The Iowa Medical Journal.—Conducted by the faculty of the Medical Department of the Iowa University, P. O. Box 109, Keokuk, Iowa. Monthly (32 pages), two dollars per annum, in advance.

The above two journals have recently come to hand, and we are sorely puzzled to know what to make of them. Are they rivals or has one arisen from the ashes of the other? If they are both entities they stand on their dignity in respect to each other, for neither, so far as we can discover, speaks of his fellow. Gentlemen (we wish we had the opportunity of introducing you;), if you *are* rivals, let your rivalry be as to who will bear the standard of medicine most loftily! We always had a reverential idea of the vastness of the west (for we have been further west than Keokuk), but it must be "developing" more rapidly than do some malignant tumors, if the profession in Iowa can already support *two* medical periodicals. Both the journals are well printed, and filled with good matter. To each we say, *esto perpetua.* By the way, on p. 15 of the Iowa journal we perceive an article by Dr. B. H. Washington of Hannibal, Mo. on "Dry Cupping," which should have been credited to this journal.

The Peninsular Journal of Medicine and the Collateral Sciences.—Edited by E. Andrews, A. M., M. D. Demonstrator of Anatomy in the University of Michigan. Monthly (48 pages), two dollars per annum in advance, Ann Arbor, Mich.

We have received Nos. 2 and 3 (please forward No. 1), of this sprightly looking monthly, which seems to be published under the auspices of the Medical Dep't of the University of Michigan, at Ann Arbor, a place that did not exist when we studied or taught geography (not very long since, either), and which we look for on the map! Here is, "Detroit,"—and "Thunder Bay,"—but for the life of us we can't find—O, yes, here it is, "Ann Arbor!" We *are* a "progressive" people!

We hope to be able to do justice to these and *all* our exchanges hereafter, but for several months our pages have been so crowded with original matter, that we have had no room for selections.

The People's Medical Gazette, Edited by John Davis, M. D. Practising Physician. Monthly (32 pages), one dollar per annum, in advance. Abbeville C. H., South Carolina.

This, as its name indicates, is a Gazette for the people, intended to circulate among the masses. Much good may result to both the people and the profession, from such an enterprize well conducted, and we heartily wish Dr. Davis, success. By the way, what has become of Dr. Griswold's "Esculapian"? We have not seen a number for months.

Le Moniteur Des Hospitaux, is the title of a *tri-weekly* medical paper, which has come to us from Paris. Redacteur en chef M. H. De Castelnau. Prix, 30 francs par an.

With the commencement of its third volume, the *Transylvania Medical Journal* has become the *Kentucky Medical Recorder,* and the editorial chair, vacated by Dr. L. J. Frazee, is now occupied by Drs. H. M. Bullitt and R. J. Breckinridge, of the Kentucky school of Medicine. *

BIOGRAPHY.

Biographical Sketch of the late Dr. W. D. McKISSACK; *drawn up by* John W. Craig, M. D., *and published by direction of the District Medical Society for the County of Somerset.*

Died, at Millstone, Somerset county, N. J., March 6, 1853. WILLIAM D. McKISSACK, M. D., in the 69th year of his age.

Dr. McKissack was born in Bedminster, Somerset county, New Jersey, in 1784. His family was highly reputable; was in part of Scotch, in part of English descent. His father emigrated to this country from Scotland, before the revolution. He soon enlisted under its banners, and adopted it as his own. He was enthusiastic in the cause of liberty, and struggled hard to obtain our independence. He was also, a physician of high standing—practiced his profession some thirty or forty years in Bound Brook, N. J., and died at an advanced age, beloved by his friends and honored by the public.

His mother was the daughter of Col. William McDonald, who was a valiant officer in the British Army. He emigrated to this country before the revolution, and became an active and zealous opposer of British oppression and avarice.

Dr. McKissack, the subject of the following remarks, gave proof of talent and maturity of intellect at an early age. The proofs of genius and devotion to study, which he had thus early evinced, seemed to indicate to his parents the propriety and expediency of giving him a liberal education. He was placed, therefore, preparatory for admission to College, in the Academy at Basking Ridge, in his native county, over which the Rev. Dr. Finley presided with distinguished ability. Of this eminent instructor and learned divine, he was accustomed to speak in terms of high respect, and was much attached to him in after life.

He graduated at Nassau Hall, Princeton, N. J., in 1800. While an undergraduate, his love of study, urbanity of manners, and correct deportment, conciliated the high regard, both of his instructors and fellow students.

Shortly after leaving Princeton, he commenced his professional studies, under the care of Dr. Bellville, of Trenton, N. J. He remained in the Doctor's office some years; and received his medical diploma at the medical department of Rutger's College, in 1805: and settled shortly after at Pittstown, N. J., to practice his profession. He remained however, at Pittstown but a short period, and returned to his native county, and located at Millstone, where he continued in active professional duties until his death; a period of more than forty years. Here his career commenced under the most favorable auspices. His affable manners, professional attainments, and industry, soon procured him an extensive practice.

Dr. McKissack was always a devoted and zealous member of the Somerset District Medical Society—his solicitude for its welfare, together with his courteous and conciliatory manners, rendered him one of its most valued members. In 1826, he was elected President of the N. J. Medical Society. He loved his profession, studied it well, and did all in his power to promote its best interests. No one possessed a more supreme contempt for Quackery, and all the popular obstacles thrown in the way of true medical science. He was truly, a prudent, careful, discerning and successful physician. In his intercourse with his brethren, he was modest and unpretending, avoiding any marked attention or distinction.

Dr. McKissack filled many offices of trust and honor, in his native county. At one time he was a much valued member of the State Legislature. In the last war with England, he raised and headed a company in defence of his beloved country. Chivalous, bold, and patriotic, he felt the honor and importance of his station, and exulted in the thought of being the defender of his country, and avenger of its wrongs.

He possessed an ardent temperament, enlarged sympathies, and a conciliating disposition. Admired by all, for his social qualities—as a companion, he was the delight of his friends. In the social and domestic circle, the fine qualities of his mind were seen to the greatest advantage. Though much caressed in society, he appeared the most happy in the bosom of his family. In the relation of son, husband, parent, and friend, he exhibited a commendable example of fidelity, affection and kindness. It was for home that his fond heart reserved its best affections and its choicest pleasures.

The disease that terminated so valuable a life, was an affection of the heart. For years previous to his dissolution, his health had been greatly impaired. He continued however, to attend to his professional calls, till within a few days of his decease. For the last ten years, he had a very unhealthy beat of the pulse, ordinarily from 90 to 100 or more per minute. This, and other circumstances, induced our friend to believe there was an ossification of the valves of his heart.

On retiring, a few evenings previous to his death, in ordinary health, he was suddenly seized with "dyspnœa," and finally expired with entire composure, without a struggle, experiencing very little pain, and with a calm resignation to the will of his heavenly father, fully conscious of his approaching dissolution. Thus has passed away a kind and affectionate friend, and a justly esteemed and highly valued physician.

His death was deeply lamented, not only by his family, who felt the magnitude of their loss, but also, by his numerous friends, and the community in which he lived and served so faithfully almost half a century.

BRANSBY COOPER, F. R. S.

This able and distinguished surgeon was the fourth son of the Rev. Samuel Cooper, elder brother of the eminent Sir Astley Cooper, and the grandson of Dr. Cooper, for many years Vicar of Great Yarmouth. Bransby Cooper was born on the 2nd of September, 1792, at Great Yarmouth, and there received the elements of his general education. Young Cooper at an early age entered the British service as a midshipman in the *Stately*, a 64-gun ship, under the especial care and instruction of the First Lieutenant, afterwards Admiral Fisher. The sea not agreeing with his delicate health, he consented to return again to school, under the care of the Rev. Mr. Spurdens, of North Walsham, Norfolk. Having finished his education he visited his uncle, Astley Cooper, who was then rising rapidly in public estimation; at his suggestion young Cooper repaired to the Norwich Hospital, where he remained for two years, and then came to London, and entered the house of Mr. Hodgson, of the City, who subsequently attained considerable fame as an operating surgeon in Birmingham and the midland counties, and to whose high professional attainments, Bransby Cooper was to a great extent indebted for his surgical acquirements. In the year 1812, Cooper went into the army as assistant-surgeon in the Royal Artillery, and immediately repaired to the Peninsula, then in the midst of war. He was present at the battles of Vittoria, the Pyrenees, Nivelle, Orthes, the siege of St. Sebastian, and the battle of Toulouse. Mr. Cooper was admitted a member of the royal College of Surgeons of England on the 5th of December, 1823, having for three years previously acted as Demonstrator of Anatomy at St. Thomas's Hospital, and having already published his valuable treatise on the ligaments. In 1843 he was elected an honorary fellow of the college, and in 1848 became a member of the council. Bransby Cooper has made some valuable contributions to the advancement of surgical knowledge, especially in the *Guy's Hospital Reports*. He was also the author of Surgical Essays, on the growth and formation of bone, and on fractures and dislocations; he also edited the biography of Sir Astley Cooper. Mr. Cooper died on the 19th of August. He was a kind and amiable man, and was much beloved and respected. He leaves a widow and large family to deplore his loss.—*London Illustrated News.*

THE

NEW JERSEY MEDICAL REPORTER.

VOL. VI. ELEVENTH MO. (NOVEMBER) 11th, 1853. No. 12.

Case of Molluscum associated with Encephaloid Disease.

By the Editor.

The subject before us, is one of obscurity, and of rare occurrence:—but few authors have written upon it. It has, nevertheless, been noticed and classified by some. Bateman named the disease,* and divided its varieties into contagious, and non-contagious; the latter is said to be more common than the former; the tumors of the molluscum contagiosum, are hard, smooth and tubercular, and when perfectly developed, emit an atheromatous fluid.

M. Biett, observed a species of the non-contagious form of the disease, occurring in young puerperal females, in which the tumors are characterized by a brown or yellow color, being irregular in form, with a dividing fissue on the summit†

Dr. Jacobovics, proposes to classify the disease according to the structure of the tumors, viz: 1. Tubercula fungosa. 2. Tubercula atheromatosa. 3. Tubercula variegata.‡ Dr. J. considers them congenital.

Fred. Hale Thompson, suggests the name of Albumious molluscum for a variety that came under his notice.||

Rayer describes molluscum as a "chronic affection of the skin characterized by the presence of solid tumors, developed at the expense of this tissue, varying in size from that of a pea to a pigeon's egg.§

M. Velpeau considers that these morbid growths are "a degeneration of the exterior layers of the skin, of the consistence almost of scirrhus, but differing from the latter in not being of a granulated appearance when cut into."¶

Name.—According to Dunglison, the disease is called molluscum, "from its resemblance to certain molluscous animals." Other writers so desig-

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* Synopsis of Cutaneous Diseases.

† Cazenave on the Skin, p. 260.

‡ London Lancet, May, 1841.

|| London Lancet, 1841, May.

§ 'Traite Theorique et Pratique des Maladies de la Peau, Vol. 2.

¶ Archives Generales de Medicine, p. 511.

nate it "from the similarity of the tubercles which characterize it, to the eminences that grow on the bark of the maple tree."

In our own country I know of only two cases that have been hitherto reported, one by Dr. Washington L. Atlee of Lancaster, Pa., and one by Dr. Henry H. Smith, of Philadelphia. I will refer briefly to these cases. Both of them were females. Atlee's patient was 31 years old. At 16, a small cutaneous tumor was discovered on the back, and soon after a sub-cutaneous enlargement at the bend of the left arm appeared, accompanied with severe neuralgic pain. From this, they spread all over the body. Some were deeply seated, and all were confined to the left side of the body. Three of the largest, situated on the thigh, were removed, but without relief—they were found to belong to the class of *fibro cellular, encysted tumor of Dupuytren*. Fowler's solution of arsenic was used internally, during which many of the smaller tubercles disappeared. One large medullary structure occurred in the left hypochondriac region, which soon occupied the whole left side, and proved fatal. In this case, the tumors were of three kinds,—the first class were confined to the integuments, and presented a fair example of the molluscum of Bateman,—the second class occupied the cellular tissue, and belonged to the fibro cellular encysted variety, already referred to, while the third, originating in the hypochondrium, possessed all the characters of encephaloid disease.*

Smith's case was also a female, aged 55 years. The disease appeared on the left arm, and a small wart-like tumor, the result of a slight cutaneous injury, was the first indication of its presence;—it increased, and others grew about it of varied dimensions. Under the internal use of Iodide of Potassium, and the external application of Chloride of Zinc, the patient seemed to recover—but again, and again, they appeared and multiplied, following the course of the lymphatics, until it was judged proper to amputate the arm. In a few weeks after the operation, the os-frontis was marked by the same morbid growth, which increased in malignancy, destroyed the bone, and terminated the life of the patient in a little more than two years from its commencement. A microscopic examination revealed "the presence of albuminous matter, similar to that of medullary cancer."†

CASE.—P. S——, a bachelor, aged 58 years, middle stature, always had enjoyed good health, habits retired, through active and industrious in his mode of life; his pursuits were various, as fishing, fowling, and gardening, with some attention to mechanics. I first visited him Nov. 8, 1852.

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* Amer. Jour. Med. Sciences, N. S., April, 1844.
† Amer. Jour. Med. Sciences, N. S., Oct. 1851.

He had not been well for several weeks, perhaps months; and bore the appearance of a person suffering from chronic ill health, with the following

Symptoms.—Pallid skin, feeble pulse, slightly accelerated, œdema of the left leg, accompanied with occasional, but irregular paroxysms of fever. He complained of fugitive pains in the affected limb, and through the trunk of the body; the urinary secretion was scanty, but the appetite good, and bowels usually regular. On examining his chest, my attention was directed to a tumor situated on the back, about one-third of the distance from the spine, to the sternum, and near the sixth rib. It was flattened, slightly red, and about three inches in circumference—the base was rather smaller than the body of the tumor. It was first noticed by him some eighteen years ago, and as it had never caused inconvenience, he paid no attention to it. Within a few months of his present attack, several smaller ones appeared upon the inside of the thigh, which were first noticed by me, while examining a double inguinal hernia, of which he complained, an inefficient truss that he had worn for a considerable time, having failed to afford relief. The indications in the case seemed plain;—the herniæ were to be supported, the effusion removed, secretions established, and the tone of the system elevated if possible;—during a tonic course of treatment with diuretics, the œdema subsided, and the renal secretion became more plentiful; so that some hope was entertained of his permanent improvement. By way of an alterative he was kept for a while on Potass: Iodid: with Syr. Sarsap: Comp: For a few weeks I saw but little of him, but being sent for again, I found him evidently more ill; the little granular swellings on the thigh had grown to various sizes; he had emaciated to some extent, and there was positive evidence of serious disease. I adopted a system of support which I thought his case demanded, varying it from time to time, *pro re nata.* One day, on examining his hernia of the left side, which was somewhat painful, I discovered a sub-cutaneous tumor, already quite prominent in the groin, and occupying a space nearly large enough to occlude the abdominal ring, which soon enlarged so as to form a complete natural truss. In a little while there congregated about this tumor, an abundance of smaller ones from the size of a pea to that of a chestnut; they spread rapidly, and following the lymphatic chain (SEE PLATE,) were arrested below the knee, by the death of the patient. With the growth of the tumors, the œdema returned, and increased, the limb became paralyzed, and fixed in the position shown by the engraving. From the deep seated hardness that surrounded the tumor in the groin, which had now grown to the size of a cocoanut, and from the difficulty experienced by the patient in urinating, and in evacuating the bowels, I was convinced that there was an internal growth, probably as extensive as the external.

It was sometimes necessary to resort to catheterism in order to relieve the bladder, and to enemata, to empty the alimentary canal. After much continued suffering, the tumors having increased as represented by the plate, the poor man died early in September 1853.

It may be proper to notice the fact, that the disease had made its appearance in the right groin, and that one of the tumors on the left leg, just above the knee, and marked by a black spot, had commenced to discharge a thin fluid or pulp, probably of an *atheromatous* character.

Autopsy—conducted by Doctors Gauntt and Butler. The intestines were crowded forwards by a morbid growth about two inches in thickness, which embraced the spinal column in its entire abdominal portion, and had burrowed beneath the aorta, elevating it from its spinal attachment to the anterior surface of the tumor; the kidneys were in situ, but loaded with the adventitious weight, and the right ureter enormously distended. The pancreas and omentum, presented numberless minute tumors of varied size, and the internal surface of the bladder was rough with innumerable granular bodies, some of which presented above the surface, while others were only perceptible to the touch. In attempting to dissect out a portion of the mass, a sac was ruptured, which appeared to have formed within the psoas muscle of the left side, and from it escaped a large quantity of a thin glutinous fluid of a chocolate color.

Character of the tumors.—Those upon the surface, that were confined to the dermoid tissue, may be justly classed with the molluscum of Bateman. Those which seemed to originate in the cellular tissue, and grew largest in size, presented more the hard scirrhus character, while the intra-abdominal mass was a pulpy encephaloid matter that may be ranked as "cancerous softening."

Another Case.—S. S——, a female, æt. 50—had congenital molluscum. It never interfered with her general health, in younger life. Its principal seat was about the face, neck, and breast. A few small tubercles were scattered over the cheek, and in the mouth. Upon the neck were many more, and from the breast, and integuments covering the lower maxillary bone, were suspended several wallet tumors, soft and flabby, varying in length from six to ten inches; they were not painful, and could be moved about without inconvenience, there was no hardening of the mass, but it presented the appearance of a simple doubling, or fold-ing of the skin, like a purse, being wider at the base, than at the apex. At one time, many years before I saw her, the tumor on the breast, became the seat of violent inflammation and suppuration. It was the result of a slight injury, and so far as I could learn, was treated as a common abscess. This patient died with Pulmonary Consumption, and as she had always avoided the observation of even near friends during life, there was no opportunity granted after death, for an autopsy.

Pathology.—The pathology of this disease is obscure; it has not been defined by any of the authors within my reach; though by some, it is supposed to be a disease of the sebaceous follicles, resulting from an obstruction, or a modification of these cryptæ. Should there be a mere obstruction, it is possible that the hypertrophy can be removed or diminished by proper remedies. Should the system be affected by a cachectic diathesis, or the health otherwise impaired, it may be expected that the follicles, already in an abnormal state, will partake readily of the constitutional malady, and assume a more malignant type, in one, or all, of its various stages of development.

Queries.—1st. Has not molluscum generally, a tendency to cancerous degeneration? If let alone would it not assume a malignant form?

2d. Are not Bateman and Rayer, and perhaps others, mistaken when they assert that molluscum tubercles are unconnected with any constitutional disorder?

3d. Does not the history of three of the cases cited above, prove either a remarkable coincidence, or a direct connection between molluscum and cancer?

4th. May not the growth and continuance of simple molluscum produce a cachectic diathesis, and degenerate into cancer,? or must the cachexia pre-exist, in order to develope the latter disease?

Conclusion.—The preceding history is furnished somewhat in detail, with the suggestions appended, as they have occurred to my mind, because the disease is a rare one, and we seldom see any notice of it. If the summary given of the cases reported by Drs. Atlee and Smith, with the account of my own, may be the means of directing the current of future investigations, so that clearer views of its pathology may be brought to light, the cause of science will have been subserved, and the object of the writer fully accomplished.

Burlington, Nov. 1853.

*The Plea of Insanity.** By I. S. Mulford, M. D.

(Concluded.)

But a still more general and more serious objection to the doctrine we are noticing, is, that it considers insanity as affecting only a single class of the faculties of mind. The intellectual powers alone, are supposed to be involved. This indeed, agrees with the ancient view in regard to this subject. Formerly the opinion prevailed, that insanity was merely a disorder of the understanding: other affections of the mind, if noticed at all, were regarded as only accidental or secondary. In Spencer's case, the Chief Justice concedes that there are various forms and degrees of insanity; yet he still insists that it is only an affection of the "reason;" the "consciousness" that can release a man from responsibility for his acts. Responsibility is made to depend exclusively upon a certain condition of the intellect. Such a view would be just, were the mental capacities and actions so completely connected, as that a sound condition of the reasoning faculty would be all that is necessary in order to the maintenance of harmony throughout the series. But this is not so; such an idea is not consistent with the present state of our knowledge in regard to mind and its affections. The opinion is now received, that the several faculties of mind have special relations with different portions of the cerebral structure; and each one of these portions, with its corresponding actions, may become disordered without a necessary complication with others. The region through which the intellectual powers are exercised, may be separately affected, and so also with the region of the sentiments, or that of the lower propensities. When such disorder occurs as to cause a deprivation of reason, then, undoubtedly, all responsibility must cease; but though reason should continue to act, and that with its accustomed force, it may yet become powerless as a guide, on account of the state of other capacities. If the sentiments, the passions, or the will, become so disordered as no longer to be controlled, then, the helm, though ever so firm in its movements, will no longer direct the vessel in its course. It is the order of nature that the several faculties should continue to act in accordance with the dictates of reason; and for every deviation that occurs, whilst the man is in a sound and healthy condition, he is to be held accountable to the fullest extent. But when he becomes the subject of disease, when the impulses to action, or the capabilities of action become so changed, that he can no longer continue in his natural course, shall he not be excused for a departure which he is unable to avoid? That such a state of disease does sometimes exist, is not now a matter of conjecture or theory. That other faculties of mind may be disordered so as to control volition and conduct, whilst the reasoning power is not impaired, is the testimony of those who are among the most competent and careful observers.

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* In the former article, a material error occurred in inserting the paragraph on p. 388–9, commencing—"The statement of Erskine, &c." into the body of the article. It was intended as *a note* at the foot of the page. Subscribers will please make a note of the error in the proper place.—*Printer.*

Pinel describes a form of disease which he denominates "reasoning insanity," the name being given on account of the fact, that the subject retains the power of reasoning correctly. Dr. Pritchard mentions the same disease, and defines it "as a morbid perversion of the feelings, affections, and active powers, without any illusion or erroneous conviction impressed on the understanding."

By another authority it is said, that "there is no conclusion more clearly arrived at, or more strongly exemplified by facts coming within the notice of every one who has had much to do with the insane, than the existence of a variety of mental derangement, consisting in a morbid condition of the feelings and affections, without involving the intellectual faculties, but which they are unable to control." This disorder has its origin in that part of the cerebral organism which manifests the affective faculties, and upon which the capacity for enjoyment, and fitness for duty especially depends. It is easy to perceive that though reason may be sound, and its decisions be given with fullness and force, yet if there is no answering capacity of feeling and action, no regular course of conduct can ever be pursued. In derangement of the affective faculties, the particular tendencies may be various, both in regard to kind and degree. In some cases, the inclinations, though quite different from those which are natural, are yet not entirely beyond control; and as the subject has reason and judgment, but little attention may be excited to his state. But sooner or later, a change may occur, and then more strongly marked symptoms will be manifested; there will be seasons of strong excitement, in which emotion will be exalted to a kind of ecstacy, and the man becomes extravagant in language and manner; he exhibits at length a propensity to angry vehemence, and finally may be carried on to the commission of outrage and criminal violence. With different constitutional tendencies, or from a different kind of diseased action, a state quite the reverse of that just mentioned, may be exhibited; then, all that has given a charm to existence will seem to be lost; covered with gloom, the subject may relinquish his usual pursuits, retire away from society, and fall, at length, into utter despair. In all these cases, the feelings become completely predominant, so that the man is no longer able to conduct himself according to the rules of propriety, or the dictates of reason ; freedom of action and of choice are lost; in a word, he has become insane. The records of medicine contain many such histories; some such too must have fallen within the notice of almost every physician. In its milder varieties, such disease is frequently occurring; and in its severer forms it is by no means rare.*

In another form of disease (or as it has sometimes been considered, a modification of the one just noticed,) the will and the active powers are more immediately affected. This disorder has been designated by the terms "insane impulse," or "instinctive madness;" it is a form of derangement now well known, though comparatively not frequent in its occurrence. It was first noticed by the celebrated Pinel, a man second to none for the contributions he has made to our knowledge in regard to mind and its disorders. By a late authority (Wood), it is said that in cases of instinctive madness, "persons in the perfect possession of their intellect, are seized with an unaccountable propensity to do some insane act, without motive or object appreciable by themselves or others. There is reason to believe that individuals have been frequently impelled to kill themselves or others, by this cause. A father or husband, always affectionate and tender in his domestic relations, suddenly seizes an axe and kills his wife or his child, and then attempts his own life, but survives long enough to declare that he had acted under a sudden and irresistible impulse, altogether unintelligible to himself." "In the course of upwards of twenty years practice among the insane," says Dr. Evans, "I have met with many instances of suddenly developed insanity, leading to acts of violence; sometimes quickly subsiding, at other times the paroxysm being more prolonged." The following case is given by Dr. E. as illustrating the less violent and dangerous forms of this affection. "A few years ago I was called on by a clergyman who stated, that he had been more or less indisposed for about two years, and that within the last few months his disorder had assumed a form that incapacitated him almost entirely for the performance of his clerical duties, and he feared, threatened finally to render him permanently insane. Soon after the commencement of his indisposition, his attention was attracted by a peculiar feeling in the head; it was not pain, but an indescribable sensation which rendered him restless and irritable, and distressed him greatly. This symptom came on occasionally, and would then be relieved by medicine, and pass away. The attacks however, increased in frequency and severity, and in course of time rendered study and anything requiring close attention, extremely irksome; and the treatment he underwent was no longer productive of benefit; still his intellectual faculties though harrassed in the performance of their functions, acted as clearly and correctly as ever. About six months prior to my seeing him, while riding in a carriage with several others, he was suddenly seized with an irresistible impulse to stamp his feet, and though (conscious of its absurdity and impropriety), he strove with all his energy to resist it, it was in vain, and for several minutes he continued to stamp with all his strength, to the amazement and terror of those who were with him. This attack passed off as others had done, but they continued to recur, attended with the same uncontrollable impulse to stamp with his feet, and sometimes to pound with his clenched hands.

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* Dr. Woodward states in a report of the Massachusetts Lunatic Asylum, that at least one fourth part of the lunatics, committed as such by the courts of that state, belong strictly to the class whose disorder is moral insanity.

As the disease progressed, new phases were presented. At one time as he was riding on horseback, a dog flew at the horse, barking furiously at the same time, and causing the horse to start and run. The fright and muscular strain, brought on great distress in the head, and in obedience to an impulse which he could not resist, he began to bark in imitation of the dog. He was, he said, entirely sensible at the time of the ludicrous and humiliating exhibition he was making, and the remarks it would give rise to respecting him, but he found it impossible to control himself, until the feeling in his head had subsided. From the position he occupied, with his tastes, his keen sense of propriety, and his extensive associations in a refined society, this singular affection broke up all his happiness, and rendered his life almost unbearable.

A short time before his visit to me, on going into the pulpit to preach, and when he had just commenced, he was suddenly seized with the distressing feeling in his head, and before he could make any attempt to stop, or to leave the pulpit, he electrified the whole assembly by shouting out 'huzza for General Jackson.' It now became evident that he must give up his pastoral charge; and as he was a man of much learning and unblemished christian character, his friends and parishioners were deeply interested in his case; and urged him to seek for further medical assistance."*

In many other cases, the disease in question is still more serious and distressing in its course, and in its results; so often manifesting itself in a propensity to destroy human life, as to cause it to be sometimes designated by the term "homicidal insanity." Georget mentions the case of a woman who consulted him, whose irresistible propensity it was to murder her children; she abhorred herself for the feeling; avoided windows and sharp instruments; and often left the house to get out of their way.

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* Under the care of Dr. E. this individual entirely recovered.

Sampson cites a case from the London Medical Gazette, of a man who was tried at Norwich for wounding his wife, and cutting his child's throat. He had been known to tie himself with ropes for a week, to prevent his doing mischief to others or himself. Pinel speaks of a person exhibiting no unsoundness of intellect, who confessed that he had a propensity to kill; he nearly murdered his wife, and then frequently attempted self-destruction. The same writer gives the following instance: "A man who had previously followed a mechanical occupation, but was afterwards confined at Bicêtre, experienced at regular intervals, fits of rage, ushered in by the following symptoms; at first he experienced a sensation of burning heat in the bowels, with an intense thirst, and obstinate constipation; this sense of heat spread by degrees over the breast, neck, and face, with a bright color; sometimes it became still more intense, and produced violent and frequent pulsations in the arteries of those parts, as if they were going to burst; at last the nervous affection reached the brain, and then the patient was seized with a most irresistible sanguine propensity, and if he could lay hold of any sharp instrument, he was ready to sacrifice the first person that came in his way. In other respects he enjoyed the free exercise of his reason; even during these fits, he replied directly to questions put to him, and showed no kind of incoherence in his ideas; no sign of delerium; he even felt deeply all the horror of his situation, and often seemed penetrated with remorse, as if he was responsible for this mad propensity. Before he was confined at Bicêtre, a fit of madness seized him at his own house; he immediately warned his wife of it, and cried out to her to escape, lest he should put her to a violent death. At Bicêtre there appeared the same fits of periodical fury, the same mechanical propensity to commit atrocious actions, directed very often against the inspector, whose mildness and compassion he was continually praising. This internal combat between a sane reason in opposition to sanguinary cruelty, reduced him to the brink of despair; and he has often endeavored to terminate by death this insupportable struggle."

A case similar to this in many respects, occurred within the immedidiate notice of the writer. The subject was a man who had been somewhat remarkable for his mild and steady demeanor, and who was highly esteemed on account of his moral and religious character. He became unwell with a kind of catarrhal affection, during the course of which there were paroxysms of coughing, not extremely severe, but attended by a marked determination to the head. He described the feeling he had, as a sort of sawing or pushing sensation within the head, and consequent upon this there occurred a most striking change in his mental condition. Exasperation took the place of his usual placidity, and he experienced a powerful impulse to attack and destroy the persons around him, and especially the members of his family. He continued to be perfectly rational, and was so sensible of his own condition, and of what might be the result, that he entreated to be taken to some place of security. His desire was complied with; he was placed in a lunatic asylum, where he remained for some time, and perfectly recovered. Upon his return to his home and friends, he spoke freely to the writer in regard to his former condition, and the statement he made is here given in his own words.—"I had a spirit of violence, and an impulse to hurt and injure myself and family, and especially such of them as I loved the most; when standing by my wife I would fairly tremble lest I should lay violent hands upon her; I knew it was wrong, and used all my force to resist it, and it was the fear that I should not be able, that caused me to wish to be taken to a place of confinement. After I was taken to the asylum, I was afraid that the keeper should open the door, lest I should spring out and do some act of sudden violence." There is every reason to believe that without timely care and precaution, this person might have been impelled to an act of atrocity, and as a consequence, might have been arraigned as one of the greatest of criminals, though in reality, nothing was ever further from his desires than the commission of crime.

The views of insanity just presented may possibly be objected to by some, from an idea that they are liable to be turned to an improper use. It is not improbable that a plea founded upon such views, has sometimes been, and may again be brought forward, for the purpose of screening the guilty from the punishment they have merited; and it may be, that such an abuse is one of the tendencies of the present time. But shall truth be rejected because attempts may be made, and sometimes successfully made, to confound it with error? That states of mental disease, such as have here been noticed, do really occur, it is in vain to deny. It is not more certain that the intellectual faculties may be deranged, than that the affective and active powers may be; and it is also certain that the free agency of the subject may be controlled through the latter, as well as the former class. Nor is it perceived that the difficulty of detecting the existence of insanity, is greater in the one case than in the other; both are sometimes obscure, and the best attention and skill may be required to unravel their mysteries. But if difficulty ever so great is found in any particular case, or class of cases, shall we therefore decline to meet it? Because the investigation is laborious shall we refuse to enter upon it? The ministers of justice may find their service to be a most onerous one; but will it become them to seek to shorten the labor by rejecting from notice all that does not come within certain established bounds? Shall they seek relief by making the law to operate as a piece of machinery, moving always upon a determined line? Rather let its movements ever be guided and watched by an earnest intelligence. Let there be care on the one hand, that the penalty of wilful, deliberate guilt shall not be escaped, and no less care on the other hand, that no unhappy mortal who should properly be sheltered in an asylum, shall be sentenced to a prison, or the gallows.

Insanity should be considered as a disease, and as varying in its symptoms like other diseases; there is no one symptom that will always be found. Sometimes the capacity to distinguish the character of acts will be lost; sometimes there will be a delusive idea, or train of ideas; but these are not invariable marks, and he will surely err who regards them as such. Each case must be considered by itself, and considered in all its circumstances and parts; and a patient examination will mostly lead to correct conclusions. In forming a judgment as to the existence of moral insanity, the following particulars are worthy of notice. It will be found in very many instances, that there has been, for a longer or shorter period, some positive bodily disorder; this may have been a deranged condition of the digestive system, with obstructed liver, and an unnatural state of the bowels; or a train of those symptoms which are usually called nervous; or in other instances, some more acute affection has occurred, as an attack of epilepsy, or some febrile disease in which the brain has been involved. In other cases, bodily disease may not have been so manifest, and the mental affection may have had its origin in some particular event, as the loss of property or friends, or any other occurrence that may have produced a powerful impression. In some instances of instinctive mania, this precursory stage may be less observable or of shorter duration; this form of disease being sometimes manifested in a sudden and unexpected manner. But however the mental affection in question may have arisen, it is to be remarked, that a most striking change will have taken place in the character and demeanor of the man. "In all doubtful cases" says one, "where it is difficult to determine whether the mind is natural or otherwise, the man should be compared with his former self." Such an inquiry will show that he appears to have become quite different from himself; a mild and cheerful person has become excitable, or moody and dejected, and this change has been more and more noticeable, until finally, some outrage has been committed, as totally at variance with his natural character as could well be conceived. If a passionate, intemperate, and brutal man should make an attack upon a person quite unknown to him, or upon his wife, or his child, the act can only be regarded as being upon a line with his usual course; but when such an outbreak is committed by one whose natural character is mild and kind, and whose habits are those of sobriety, then there is reason to believe that some new cause has come into operation. It is also to be noticed as an important circumstance, that the acts of such insane persons are committed without any motive, or rather, are in opposition to all the ordinary motives of human conduct. Their manner too, after the commission of such acts, is different from that which is characteristic of the criminal. There is no attempt at concealment or escape; no resistance to an arrest, but often a voluntary surrender of themselves into the hands of justice, with an acknowledgment of all they have done. These marks, if carefully considered, together with others which each case may exhibit, will mostly serve to direct the mind of the earnest inquirer to safe and proper conclusions.

"*A Flora and Fauna within Living Animals.*"

By Joseph Leidy, M. D.

(Concluded.)

Of the life, present everywhere with its indispensable conditions, and coeval in its origin with them, what was the immediate cause? It could not have existed upon earth prior to its essential conditions; and is it, therefore, the result of these.

There appear to be but trifling steps from the oscillating particle of inorganic matter, to a *Bacterium;* from this to a *Vibrio,* thence to a *Monas,* and so gradually up to the highest orders of life! The most ancient rocks containing remains of living beings, indicate the contemporaneous existence of the more complex as well as the simplest of organic forms; but, nevertheless, life may have been ushered upon earth, through oceans of the lowest types, long previously to the deposit of the oldest palæozoic rocks as known to us!!

The primitive species of living beings which appeared upon earth, and those which have been successively and periodically produced, must have been the result of pre-existing natural conditions, or the former alone originated in this manner, and the latter were the result of their transmutation under the influence of varying exterior conditions, or all species in all times originated directly through supra-natural agency.

The last mode, of course, can only be an inference, in absence of all other facts; and if living beings did not originate in this way, it follows they are the result of natural conditions.

Be this as it may, the most prolonged and closest observations, and the most carefully conducted experiments have not led to the proof of a single instance of spontaneous or equivocal generation even of one of the simplest of all living beings; but, on the contrary, they all lead farther and farther from or entirely disprove it, and thus involve the whole subject in obscurity.

Schulze* performed an experiment to test the possibility of equivocal generation under the play of the indispensable conditions of life, free from access to any pre-existing vegetable or animal germs.

A glass vessel half filled with a mixture of various dead vegetable and animal substances in water, was heated to 212° F., so as to destroy any living bodies which might exist within. To the vessel was then adapted a pair of Liebig's bulbs, one of which contained sulphuric acid, the other a solution of potassa, and through these only could the exterior air have access to its interior. The apparatus was then placed in a window, where it received the full influence of light and the necessary temperature for the production of life. The air within the vessel was daily renewed from May until August, by blowing through the sulphuric acid, from which it could suffer no change, except to be deprived of moisture and organic particles. During all that time, not even the simplest animal or vegetable forms were produced, while in an open vessel containing the same mixture, in the same situation, there were observed on the following day numerous Vibrios and Monades, and to these were soon added larger animalculæ.

This interesting experiment of Schulze, I repeated with three different vessels; in one of which was a mixture of ditch-mud and confervæ with water; in a second, decaying wood with water; and, in a third, a clod of earth with growing grass, earth-worms, and water. Exactly under the same circumstances, they were supplied with fresh air from time to time, from July of 1850 to December of 1851, and in the end the results were the same as in the experiment of Schulze.

These experiments, however, may not be conclusive; other conditions may be required. What might have been the influence of a long-continued current of electricity, under the same circumstances, upon the mixtures?

The experiments of Crosse and Weekes, in the production of the so-called *Acarus Crossii*, were performed under the least favorable circumstances to the origination of life, and although neither an Acarus nor a Homunculus has been created under the inspection of man, yet ridicule or prejudice should not prevent us from making every observation and experiment which can bear on the subject, in order that we may say positively whether living beings do or do not originate from the inorganic world under natural and still-existing conditions.[*]

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* Notice of the Result of an Experimental Observation made regarding Equivocal Generation. By F. Schulze, Berlin. The *Edinburgh New Philosophical Journal*, vol. xxiii. 1837. p. 165.

To the present time, we are totally unacquainted with the mode of the primitive origin of living beings!

Each species once in existence, very generally, and probably universally, requires two distinct elements, denominated sexual, for its perpetuation.

The power of reproduction by segmentation, budding, or the production of numerous successions of a sexual fertile generation is, probably, in all cases limited; the species necessarily reverting to sexual admixture for its perpetuation.

The statements of Horkel[†] and Schleiden,[‡] and their followers, that true sexes do not exist in the phanerogamia have been most amply refuted by the more careful observations of Amici,[§] Hugo von Mohl,[‖] Carl Müller,[¶] Hoffmeister,[**] Gasparini,[††] Tulasne,[‡‡] and others.

Sexual elements have also been detected in most of the cryptogamia, and, in a little time, will probably be discovered in all. They have been observed in Ferns,[‖‖] Mosses,[§§] and Algæ,[¶¶] but not yet among Fungi.

Having thus taken a cursory glance at the laws of life in general, we have next to consider those especially operating in the production of parasitic life.

Within living beings, *i. e.* within their cavities, or the parenchyma of the organs, of course all the indispensable conditions of life exist, and consequently we cannot wonder at their being infested with other living beings adapted to their parasitic position. Nevertheless, although the conditions of life are necessarily ever present in living beings, yet these frequently do not contain parasites. There are many circumstances besides those essential to life in general, which influence the existence or non-existence of such forms. One of the most important of these circumstances is the convenience or ease of access, or of entrance to the living body infested.

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[*] The experiments of Crosse and Weekes appear to me exceedingly absurd; for, in the first case, how were the carbon and nitrogen of the animal body to be derived by the play of a voltaic current upon a solution of silicate of potassa? If they previously existed in water, was it not quite as probable that the ova of Acari were there also? Again, when the solution of ferrocyanide of potassium was made the womb of life by the electrical current, why could not the embryology of the new being be observed? An Acarus is a highly complex animal, presenting a well-developed tegumentary, muscular, and nervous system, and a respiratory, and generative apparatus. The gap between the inorganic world and the Acarus is greater than that between the latter and man!

[†] Montash. d. Berlin. Akad. 1826.

[‡] Archiv f. Naturges. 1847; Nova Acta C. L. C. Acad. Nat. Cur. vol. xix. 1839, p. 27; Grundzuge d. Wissenschaftliche Botanik.

[§] Giorinale botanico Italiano, An. 2: Annales des Sciences Naturelles, Botanique, 1847, t. vii. p. 193.

[‖] Botanische Zeitung, 1847; An. Sc. Nat., Bot. t. ix. 1848.

[¶] Ibid

[**] Ibid. and t. xi. 1849.

[††] Ibid.

[‡‡] Ibid. t. xii. 1849.

[‖‖] Tulasne, ibid, t. xi. p. 5; ibid. p. 114.

[§§] Schimper: Recherches Anatom. et Morpholog. sur les Mousses. Strasbourg, 1848. This author says, page 55: "*Mais je tiens le fait que jamais une mousse ne parvient a la fructification quand elle se trouve hors de l'influence des organes que je considere comme des organes males.*"

[¶¶] Thwaites, in *Annals and Magazine of Natural History*, 1847, vol. xx. p. 9; ibid. p. 343; ibid. 1848, 2d ser. vol. i. p. 161.

Within the living, closed, organic cell, parasites very rarely if ever exist, because it is liquid matter only which can endosmose through cell-membrane, and, therefore, solid germs cannot enter,* and hence the unfrequency of true entozoa in vegetables. Entozoa may and do penetrate through living tissues, but it is entirely by the mechanical process of boring.

The intestinal canal of animals is most frequently infested by entoparasites on account of the ease with which their germs enter with the food.

Aquatic animals are more troubled by entozoa than those which are terrestrial, because the water affords a better medium of access than the air.

Terrestrial animals, on the other hand, are more infested by ectoparasites because their covering of hair, wool, and feathers is more favorable to their protection and reproduction. A low degree of organic activity and slowly digestible food favor the development of entoparasites, and hence they are more frequent in the relatively sluggish herbivora than in the carnivora. Comparatively indigestible food, and such as contains but a small proportion of nutritive matter, from its long retention in the alimentary canal, favors the development of entozoic and entophytic germs more than that in which the contrary conditions prevail.†

Animals subsisting upon the endosmosed juices of the tissues of other animals, and of plants, are rarely infested by parasites, as in the case of the hemipterous insects, aphides, etc., because such food is necessarily free from parasites or their germs. Entozoa themselves, on this account, are not infested.

On the other hand, if the liquid food be open to the air, parasitic germs may be readily introduced into the animal, as in the case of the common house-fly, which often contains myriads of a species of *Bodo*.

Food swallowed in large morsels favors the introduction of attached parasites; hence these are frequently found in reptiles, and even in birds, which are, among the vertebrata of the highest organic activity.

Animals of feeble organic activity using solid food, which is very slowly digested, and contains little nutriment, are rarely free from parasites. This is the case with the coleopterous insect *Passalus*, and the myriapod *Julus*.

Cooking food is of advantage in destroying the germs of parasites; and hence man, notwithstanding his liability to the latter, is less infested than most other mammalia. Did instinct originally lead him to cook his food, to avoid the introduction of parasites?

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*In some experiments upon the endosmosis of solid matter through organic cell-membrane, I found that particles of carmine, diffused in water, which I estimated to measure about the 52,000th of an inch, would no more penetrate the cell-membrane than the largest masses.

† The inhabitants of the United States appear to be less infested with entozoa than those of any other part of the world. This probably arises to a great extent from the more nutritious character of their food; even the poorest laborer being daily supplied with abundance of wholesome flesh, producing a tendency to high organic activity, which is unfavorable to parasitic development.

Entozoa are more abundant than entophyta, because the power of voluntary movement favors them in their transmigrations, and renders them less liable to expulsion from the intestinal canal.

Influence of Parasites in the Production of Disease.—In many animals, entozoa and entophyta are almost never absent, and probably when in their natural habitation, and few in number, or not of excessive size, are harmless as observed by Dujardin in the introduction of his excellent work on Intestinal Worms: "Les helminthes se développent dans un site qui leur convient, sans nuire plus que les lichens sur l'écorce d'un arbre vigoureux. Ils ne peuvent devenir nuisibles, généralement, que par suite d'une multiplication excessive, laquelle semble alors être une des conséquences d'un affaiblissement provenant d'une tout autre cause, d'une mauvaise alimentation, du séjour dans un lieu froid et humide, etc.: sans cela, les helminthes naissent et meurent dans le corps de leurs hôtes, et peuvent paraître et disparaître alternativement sans inconvénients."

Many important diseases have been supposed to originate from parasitic animals and vegetables. The former are not the true entozoa, for these are too large, and may be detected by the naked eye, but they are considered to be animalculæ so small that they cannot be discovered even with the highest powers of the microscope. But independent of the fact, that the existence of such entities is a mere suspicion, none of the well-known animalculæ are poisonous. At various times, I have purposely swallowed large draughts of water containing myriads of *Monas*, *Vibrio*, *Euglenia*, *Volvox*, *Leucophrys*, *Paramecium*, *Vorticella*, etc., without ever having perceived any subsequent effect.

The production of certain diseases, however, through the agency of entophyta, is no longer a subject of doubt; as in the case of Muscardine in the Silk-worm, the Mycoderm of Porrigo favosa in Man, etc.; but that malarial and epidemic fevers have their origin in cryptogamic vegetables or spores, requires yet a single proof.* If such were the case, these minute vegetables and spores, conveyed through the air, and introduced into the body in respiration, could be detected. The minutest of all known living beings is the *Vibrio lienola* of Müller, measuring only the 36,000th of an inch, and the smallest known vegetable spore is very much larger than this, whilst particles of inorganic matter can be distinguished the 200,000th of an inch in size.

I have frequently examined the rains and dews of localities in which intermittents were epidemic upon the Schuylkill and Susquehanna rivers, but without being able to detect animalculæ, spores, or even any solid paticles whatever. I have examined the air itself for such bodies, by passing a current through clear water. This was done by means of a bottle, with two tubes passing through a cork stopper; one tube dipping into the water, the other reaching not quite to its surface. By sucking upon the latter tube, a current of air passed through the former, and was deprived in its course of any solid particles. Ordinarily, when the atmosphere was still, early in the morning, or in the evening, neither spores nor animalcules could be detected. When piles of decaying sticks or dry leaves were stirred up, or the dust was blown about by the wind, a host of most incongruous objects could be obtained from the air; none, however, which could be supposed capable of producing disease.

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* See an ingenious little work by my distinguished friend Dr. J. K. Mitchell, "On the Cryptogamous Origin of Malarious and Epidemic Fevers."

To assert, under these circumstances, that there are spores and animalculæ capable of giving rise to epidemics, but not discernable by any means at our command, is absurd, as it is only saying in other words that such spores and animalculæ are liquid and dissolved in the air, or in a condition of chemical solution. That the air may be poisoned by matters incapable of detection by the chemist is proved by the emanations from such plants as the *Rhus*, *vernix*, *Hippomane*, *mancinella*, etc.

Parasites of Man.—The list of described species of parasitic animals and plants to which man is liable is already a long one, but nevertheless, in different parts of the world, others will yet be discovered. According to the most authentic sources, the known species are as follows:—

ENTOZOA HOMINIS.

Filaria medinensis, Gmelin. Subcutaneous areolar tissue.
Filaria bronchialis, Rudolphi. Bronchial Glands.
Filaria oculi humani, Nordmann. Eye.
Tricocephalus dispar, Rud. Large intestine.
Strongylus gigas, Rud. Kidneys.
Ascaris lumbricoides, Lin. Small intestine.
Ascaris alata, Bellingham. Small intestine. (Ireland.)
Oxyuris vermicularis, Bremser. Rectum.
Spiroptera hominis, Rud. Urinary bladder.
Ancyclostomum duodenale, Dulimi. Small intestine.
Trichina spiralis, Owen. Muscles.
Pentastomum constrictum, Siebold. Small intestine and liver. (Egypt.)
Bothriocephalus latus, Bremser. Intestines.
Tænia solium, L. Small intestines.
Tænia nana, Siebold. Small intestine and liver. (Egypt.)
Monostomum lentis, Gescheidt. Crystaline lens.
Distomum hepaticum, Albilgaasd. Gall-bladder and portal vein.
Distomum lanceolatum, Mehlis. Hepatic duct.
Distomum oculi humani, Gescheidt. Capsule of crystalline lens.
Distomum hæmatobium, Bilharz. Portal Vein. (Egypt.)
Distomum heterophyes, Siebold. Small intestines. (Egypt.)
Tetrastronum renale, Chiaje. Kidney.
Hexathyridium pinguicola, Treutler. Ovary.
Hexathyridium venarum, Treut. In the venous blood.
Cysticercus cellulosæ, Rud. Areolar tissue of various organs.
Echinococcus polymorphus, Diesing. Various viscera.

ECTOZOA HOMINIS.

Phthirius inguinalis, Leach. (Crab-louse.)
Pediculus capitis, Nitzach. (Head-louse.)
Pediculus vestimenti, Nitzack. (Body-louse.)
Pediculus labesceutium, Burmeister.
Sacoptes scabiei, Latreille. (Itch-insect.)
Demodex fulliculorum, Owen.
Dermanyssus Boryi, Gervais.
Ixodus americanus, Ee Ceer. (Tick.)
Argas persicus, Fischer.
Pulex irritans, Lin. (Common flea.)

Pulex penetrans, Gmelin. (Chiggo.) South America.
Cimex lectularius, Lin. (Bed bug.)
Oestrus hominis, Say. South America.

ENTOPHYTA HOMINIS.

Alga of the mouth.
Achorion Schonleinii, Remak. In porrigo favosa.
Achorion Lebertii, Robin. In porrigo scutulata.
Microsporium Audouini, Gruby. In porrigo decalvans.
Mycoderm of Plica Polonica.
Mycoderm of Mentagra.
Mycoderm of Muguet.
Mycodermata of ulcerated and mucous surfaces.
Sarcina ventriculi, Goodsir. Stomach.
Torulu?* Stomach.

Case of Ischuria Vesicalis. By WILLIAM JOHNSON, M. D.

G. W. S. aged about 82, had labored for several years under great irritability of the bladder, urging him to micturition oftener than every half hour during the day, and exceedingly often during the night. On the 6th of March last, he was attacked with ischuria vesicalis. The catheter was passed once a day for five or six days; but the urinary secretion about this time was considerably increased, and he began to suffer so much from the distention of his bladder, that I was obliged to introduce the instrument twice, and sometimes thrice a day. In connexion with the use of the catheter, I prescribed tinct. ergot. and sp. nit. dulc. which he took until the 18th, when I discontinued them, and directed the tincture of strychnia. I gave these articles with a view of awakening the dormant power of the bladder. My patient was directed to commence with a dose of six drops of the tincture of strychnia three times a day, and gradually to increase it to twenty drops if he could bear it. The tincture was prepared from a formula given by Ellis in his "Medical Formulary," and was made by dissolving three grains of strychnia in one ounce of alcohol. The patient was never able to take more than ten drops at a dose; and that dose produced so much vertiginous distress, that he was soon compelled to fall back upon the six drops again. No benefit, however, was derived from the use of the strychnia administered by the mouth, and on the 21st, I resorted to electro-galvanism as an excitant to the bladder. The catheter had been regularly introduced from the commencement of his attack, and in fact *not the slightest quantity of urine had been evacuated without its aid.*

I now, instead of permitting the urine to escape by the instrument, corked it up as soon as introduced, and passed a current of the electric fluid along the metallic catheter. One of the handles attached to the wires of the electro-galvanic machine, was placed on the catheter near the glans penis, and the other handle on a part of the abdomen corresponding with the fundus of the bladder, and then along the perinæum, and then over the sacrum; the poles of the machine were occasionally reversed. The patient did not make the slightest complaint as long as the electro-galvanic influence was weak, but when the force of the current was of medium strength, it produced considerable uneasiness, and had to be diminished.

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* I once saw a plant of this kind in great abundance mingled with the *Sarcina ventriculi* in the liquid ejected from the stomach of a man.

After he had been under the electro-galvanic influence about ten or fifteen minutes, the cork was withdrawn from the catheter, and the urine permitted to escape. Twenty drops of the tincture of strychnia added to a gill or more of gum water, were now thrown into the bladder, and allowed to remain half an hour, and then suffered to run off. Electro-galvanism was employed in this way, increasing the period of its application, and the force of the current on every alternate day, and sometimes every day until the 2d of April. Before this time, however, the bladder had so far recovered its expulsive power as to empty itself tolerably well at the will of the patient. I used but a few times the strychnine injection, as the patient complained so much of its effects on his head. To maintain the ground that I had gained, I used the catheter two or three times more, at intervals of two or three days, until I was satisfied that I might safely discontinue my visits.

Remarks.—I have related this case on account of the lessons, both practical and pathological, which it teaches, and for the purpose of making a few desultory observations suggested by the subject.

We have, in the first place a curious pathological fact, that a bladder, which for two or three years had never contained at one time, more than an ounce or two of urine, without urging to its expulsion, should undergo such a degree of distention as to contain three pints, and that without the endurance of any extraordinary degree of pain, at least for the first few days.

It is another curious pathological circumstance, that a bladder kept in a condition of almost complete inanity should become the subject of paralytic seizure. Paralysis was evidently here, *the first link* in the causation of disease, and not the *sequence* of *over-distention*, as is almost universally the case, I believe, in ischuria vesicalis. This case affords a striking illustration of what Dr. Dewees calls "irritable bladder," and it was astonishing that there was so little impairment of health on account of its long continuance. The irritability of this gentleman's bladder was so great that he was frequently obliged to leave the table at meals in order to urinate, and he was not unfrequently obliged to go out twice before completing his meals.* This habit was, perhaps, in *some measure*, acquired; he had had about six years ago necessity for the introduction of the catheter, and I had then advised him not again to neglect the calls of nature, and he had been over careful to these calls afterwards. The catheter at that time was introduced but once, as he could afterwards empty his bladder without its aid. I believe, however, that catheterism was here employed as a tentative measure.

The main object, however, of this communication is to call attention to the application of electro-galvanism in paralysis of the bladder. I am not aware that it has been administered in the manner in which I employed it, namely, whilst the bladder was still distended with urine. I think that under this condition of the bladder, the electric fluid can be thrown over a much larger surface, and brought in more direct contact with parts upon which we wish its influence to be exerted. This can be effected by shifting the handles of the machine, and the urine, it will be acknowledged is one of the best conductors of the electric fluid.

I am aware of the fallacy of the axiom, *post hoc ergo propter hoc*, but we are irresistibly impelled to the conclusion, that our patients have been benefitted by our measures when we see recovery following so rapidly upon their adoption, as in the case I have just related. When I commenced the administration of electro-galvanism to this patient the prospect was, that he would never again be able to empty his bladder without the aid of the catheter. This opinion was predicated, on the age of the patient, and the complete paralysis of his bladder.

My experience however, of the employment of electro-galvanism in ischuria is too limited (being based upon three successful cases), for me to recommend its adoption with any degree of confidence. I throw out these observations merely as a *suggestion* to my professional brethren. Under the employment of the catheter alone, the bladder will generally recover its contractile power in no very unreasonable space of time, and I should not think it necessary to resort to electro-galvanism, until after the catheter had been introduced for twelve or fourteen days, and in fact, in a majority of cases, catheterism is not longer necessary than for this space of time. But cases do often occur in which the disease is protracted, and we want some excitant to the bladder; and in these cases electro galvanism steps in to our relief. Electro-galvanism and the injection of strychnia are by far the most promising agents that we can employ in these intractable cases.

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* By my direction he procured an urinal of gutta percha; he wore it however, only at night, and even thus used, the penis became excoriated by its contact with the urine. It was however, never employed, until I had discontinued the introduction of the catheter. I had never been consulted on account of this affection previous to March last.

Strychnia injected into the bladder, has in the hands of others proved of singular benefit, as we learn from published cases. By obtaining the conjoint action of these two remedial agents (strychnia and galvanism), the prospect of benefit to our patients is much increased.

Two very different pathological conditions of the bladder obtain in ischuria vesicalis, as the disease may happen to attack the young or the aged. In the latter there is complete paralysis—an entire loss of contractile power; whilst in the former there is nothing more than impaired power—power inadequate to overcome the obstacles to the evacuation of the bladder. These obstacles are, generally I believe, a phlogosed condition of the sphincter and neck of the bladder, and to these are superadded spasm. Hence the indications arising from these different pathological conditions, require a correspondent variety of treatment. In the retention of urine occurring in the aged, catheterism is the first measure to be resorted to, and persisted in, until the bladder recovers its contractile power; in the young, this measure may often be dispensed with, by the adoption of judicious treatment. The Semicupium is prominent on the list of remedial resources; blood letting, if phlogistic diathesis should indicate it; a full dose of opium sometimes; the sp. nit. dulcis in drachm doses, sometimes combined with ol. terebenth. and last, but by no means least, a pretty strong infusion of the common garden parsley (petroselinum.) This article though officinal, will be deemed by many, anile; but in my opinion its claims are high, and I am satisfied that I have saved many of my patients from the catheter by its use in this disease. If these measures fail, then let the catheter be used without further delay.

It may be asked, how frequently should the catheter be employed in ischuria vesicalis? In my own experience (and I believe that I have had as many of these cases as fall to the lot of any country practitioner), I have found that my patients did as well, and the bladder recovered its contractile power as soon, when the catheter was used once in twenty-four hours, than when more frequently employed. It is comparatively seldom that I introduce it twice in twenty-four hours. It is true that I am sometimes obliged to depart from this rule, as in the case just related. Where I have been compelled to use the catheter daily three times in twenty-four hours, the patients have generally been females, and at every introduction of the instrument I have drawn off large quantities of limpid hysterical urine. It may have been a mere accidental circumstance, but the fact is certain, that, in my hands, patients requiring catherism as often as three times in twenty-four hours, have either been females, or males of nervous temperament. It is well known that persons of this temperament, are liable to have the renal secretion inordinately increased from mental emotion; so that the bladder shall become distended with pale urine. The rationale of this is somewhat difficult, and I am not disposed to enter the labyrinth of conjecture. "*Si causa latet; vis est notissima.*"

In my experience the number of males requiring catheterism has been vastly greater than that of females, but I have had to encounter some of my most intractable cases among the latter class of patients. I was then unacquainted with the therapeutic application of electro-galvanism and strychnine injection into the bladder.

In connection with this subject, I may state, that I have never seen but two cases of ischuria vesicalis requiring puncture of the bladder. In both of these cases, I am of opinion, that a false passage had been made, by the catheter taking a wrong direction. Neither of them were my own patients. I saw them in consultation, and was present at both operations. The catheter could not be introduced upon either of them. In one of these cases the bladder was punctured above the pubis; in the other, through the rectum. The first of these cases proved fatal in about a week, from extravasation of urine in the abdomen, and consequent peritoneal inflammation. The other lived three months, but the urine never resumed its passage through the urethra. A post mortem examination of this case by the attending physician, revealed a large table spoonful of small calculi in the bladder, and a most remarkable degree of hypertrophy of its coats. This condition of the coats of the bladder explained a circumstance which we could not at the time of the operation, account for, namely, a profuse hemorrhage. I am confident that at least thirty ounces of blood were lost. An approach to syncope arrested the hemorrhage which did not again return. We were satisfied in our minds at the time, that no other parts than the rectum and bladder had been wounded. These patients were both aged men.

Whitehouse, Sep. 30, 1853.

Case of Atresia Vaginæ. By O. H. Taylor, M. D.

On the 24th August last, I was requested to visit Miss A. S., aged 18 years. She presented all the external aspects of having attained fully to the period of puberty. I found her suffering from severe bearing down pains about the pelvis, hips, and throughout the abdomen. Suppression of urine, with frequent and painful desire to go to stool, extreme agony in passing fœces, with other distressing symptoms.

She assured me that she had never menstruated, and that for the last four years, she had suffered from regular paroxysmal pains recurring every month, but that for the last twelve or fifteen there appeared a gradual increasing tumour in the hypogastrium. Her pains within the last two weeks, had become almost incessant, accompanied with fever, and other disturbances of the general system, frequently threatened her with convulsions.

At my first visit, from some repugnance on the part of my patient, I did not insist upon an examination per vaginum, but simply directed an emetic purgative, particularly as it was about the time that she was expecting an increase of her periodic pains.

On the 26th I visited her again, and found her suffering from increased pains. Convinced from the previous history of her case, that some abnormity of the organs of generation existed, I intimated the absolute necessity of an examination by the touch, which was assented to. Upon attempting to pass my finger, I could distinctly feel a cul-de-sac protruding exterior to the os magnum, with considerable convexity, and evident fluctuation. I could not feel the slightest perforation. Under these circumstances, I assured the patient that naught but an inspection with the naked eye, would enable me to advance a correct opinion of her case. To this she also consented. On examination, the following appearances presented.

The external labia were well developed, but appeared stretched around a dense and fibrous membrane at the entrance of the vagina, in such a manner as to resemble very much the appearance of the membranes with the head of a child about to pass through the os magnum, as in the last stage of parturition. By closely exploring the whole superficies, I could not detect the smallest opening into the vagina. The membrane appeared as if it was an elongation of the hymen, and extending closely around the meatus urinarius, so much so, as to render it impossible to pass an ordinary sized catheter. The perineum was considerably distended, as if the head of a fœtus rested upon it. The whole cavity of the pelvis seemed to be filled up with the accumulated fluid. The external appearance of the protruding tumour at first view, led me to suspect that possibly a fibrous tumour connected with the uterus, might exist—this impression however, was soon dispelled by the evident fluctuation of the sac, together with the hemispherical fundus of the uterus in the hypogastrium which extended considerably above the line of the superior strait and rising nearly to the umbilicus, pressure upon which caused the convex and protruding portion of the vaginal tumour not only to be more prominent, but evidently more fluctuating.

On the 5th of September, my friend, Dr. I. S. Mulford, visited the patient with me, in consultation. We found her with a sinking pulse, cold extremities, and much exhausted from severe pains during the preceding night. It was very apparent, that any delay in performing an operation would be dangerous to the patient.

Having made the preliminary arrangements for this purpose, I divided the protruding sac with a sharp edged bistoury, making a free longitudinal incision, from which there flowed an immense discharge of catamenial fluid of a dark red color, of thick consistence, and resembling venous blood, without coagulation, and perfectly inodorous. The discharge continued five days, during which period, the friends of the patient assured me that at least three pints, or more were evacuated.

On the seventh day, subsequent to the operation, I explored the parts again, and notwithstanding my urgent directions to keep the newly made opening dilated by means of a proper sized bougie occasionally introduced, I found the orifice much contracted, having the appearance of a thickened band, nearly a fourth of an inch thick, firm, and dense.

I divided the membrane into four triangular flaps, by means of a round edged bistoury, extending the incisions freely down to the wall of the vagina, after which I could with facility introduce two fingers completely into the vagina, which I found free from any other obstruction. The os uteri could be distinctly felt in its normal position.

Since the last operation, the patient has continued the frequent application of the bougie, with a view to keep the parts dilated. The incisions have healed, leaving the vagina and external parts apparently in a pristine and natural condition. The health of the patient is perfectly re-instated, and she has within the last week menstruated freely.

Camden, Sept. 28, 1853.

BIBLIOGRAPHICAL NOTICES.

THE MICROSCOPIST; *or a Complete Manual on the use of the Microscope, for physicians, students, and all lovers of Natural Science*: Second edition improved and enlarged, with illustrations. By JOSEPH WYTHES, M. D. Lindsay and Blakiston, Phila. Trubner and Co., London, 1853.

Microscopic investigations having contributed of late, so much to the development of truth in medicine, having indeed, brought to light a new science, known by the name of Histology, by which we are taught the ultimate structure of the different textures, and organs of the body; ought to receive from the physician more attention than has been hitherto awarded to them. The little book before us teaches how to use the microscope, how to dissect objects for inspection, and how to examine them; how to mount the instrument, and how to preserve objects for examination. It gives us also a short history of the microscope, from the time of Borelli, who lectured in the University of Pisa in 1656, and who was the first to expose human structure to microscopic vision. In all the domain of micographical research, there is probably no kind of investigation that may contribute so largely to human welfare, as that pursued by the physician; hence the advantage, indeed the necessity, of availing ourselves of its various appliances for the promotion of medical science, and a commensurate improvement of medical practice. The book contains 212 pages, with an alphabetical index.

A TREATISE ON OPHTHALMIC SURGERY. By H. HAYNES WALTON, Fellow of the Royal College of Surgeons in England, Surgeon to the Central London Ophthalmic Hospital, &c. First American, from the last London edition, illustrated by one hundred and sixty-nine engravings on wood, edited by S. Littell, M. D., author of Manual of Diseases of the Eye; Surgeon to Wills' Hospital for the Eye and Limb; Fellow of College of Physicians of Philadelphia, &c., &c. Lindsay & Blakiston, Philadelphia, 1853.

The work before us possesses a degree of merit, not hitherto awarded to the department of ophthalmological literature. In ordinary cases of disease, both surgical and medical, the practitioner may be guided by his own experience, and knowledge; and if a case of irregularity or novelty presents itself for treatment, he has generally at hand sufficient authority to direct, or at least suggest his course—but so rare are many of the diseases of the eye in the practice of the physician, that a work of the kind before us, is invaluable. Many affections of the eye, with the mode of operating, are skilfully portrayed by the artist, and the history and treatment, laid down in plain terms by the author. The careful and candid revision by Dr. Littell, who is among our most skilful ophthalmatologists, adds to the value of the work, to the American reader and student. Most of the cases narrated, have occurred to the author himself, and he is thus enabled to speak from extensive personal observation, which he does in a style, clear and unaffected.

PHYSICIANS VISITING LIST—*Diary and Book of Engagements, for* 1854. Lindsay & Blakiston, Philadelphia.

We suppose that this pocket manual which has been issued for several years by the enterprising publishers, is familiar to most of our physicians. To those who are unacquainted with it, we would say, that if they want a convenient, and systematic plan for keeping a daily record of visits, and other memoranda, they cannot be as well suited by any mode within our knowledge, as that presented by this little book. We must suggest that it is too small for many practitioners; it might be made for a list of names twice the size, and then its capacity be unequal to the wants of even some country physicians. We should like to see an issue with a larger page.

THE PRACTICE OF SURGERY. By JAMES MILLER, F. R. S. E., F. R. C. S. E., Surgeon in Ordinary to the Queen of Scotland; Surgeon in Ordinary to his royal Highness, Prince Albert, for Scotland: Professor of Surgery in the University of Edinburg; consulting Surgeon to the Royal Infirmary, &c., &c., &c. Third American, from the second Edinburg edition, edited with additions, by W. F. SARGENT, M. D., one of the Surgeons of Wills' Hospital, illustrated by three hundred and nineteen engravings on wood. Philada., Blanchard and Lea, 1853.

Professor Miller's contributions to the department of Surgery, are already familiar to the medical public of this country—and in presenting a brief notice of the third American edition of his Treatise on the Practice of Surgery, we need do no more than announce its appearance with the fact, that a large number of additional wood cuts have been introduced by the American editor, with not a little new matter by the author himself. Miller's Principles of Surgery have not long since appeared, and have, we believe, been well received. The two volumes together form a complete *exposé* of the present state of Surgery—and they ought to be on the shelves of every surgeon.

EDITORIAL.

A NEW MOVEMENT—MEDICAL FEES.

At the late meeting of the District Medical Society for the County of Burlington, a movement was commenced, which if properly executed, will open to the profession of the county, a new and important era. It is provided by certain resolutions,* that are laid over for final action till the January meeting, that the plan of presenting bills for professional services at the termination of each case of sickness, be adopted by the members of the society, instead of the present system of allowing charges to accumulate month after month, to be furnished at the end of a year.

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* See proceedings, p. 447.

We have no doubt, from the free affirmative expression, which characterized the discussion of the resolutions, that they will be adopted, and carried out. There are several reasons why they should be, some of which we will mention. The present credit system is objectionable, because the services rendered are personal services; and as the obligation of the physician to the patient, ceases with the termination of the illness, the obligation of the patient to the physician, should be discharged at the same time. We speak now of the mere professional, or we may call it *business* obligation; for there is that relation existing between a faithful physician, and his confiding patient, which can neither be estimated, or cancelled, by dollars and cents. For the people, the present plan is unwise, because it is not in keeping with the genius of the times, by which the mechanic, and laborer, especially, are taught that it is easier to pay a small bill, even if often repeated, than to allow time for debts to grow to an oppressive weight. The merchant, in disposing of a bill of goods on time—say six or twelve months, calculates that the purchaser will sell at a profit, in order to get the money to pay the creditor, and remunerate himself. Merchandize is the seal of the purchase—and it is often within reach of the seller, even when out of his possession, in the event of the buyer's default. We have no such security. The *commodity* (if such a term be allowed), rendered by us, is *advice*,—and as it is not, like the merchants goods to be bartered, or sold again for a profit—we are entitled to its estimated pecuniary value, at the time of its bestowal. The lawyer renders a personal service in the form of advice also, and he must have his fee beforehand; the laborer renders a personal service to his employer by the expenditure of his physical strength, and he receives his fee either at the close of the day, or week; the physician does both—nay more—spends a large amount of physical labor and fatigue, by day and night, depriving himself of the natural repose allotted to others, furnishes advice freely, supplies medicine often without regard to expense, and then must wait *a year* before he can be remunerated, at which time the recipient of his services almost forgets that he has been sick, and is surprised, if not *insulted* by a "doctor's bill." Again, in cities, and especially in sea-board towns, where there is a floating population, many persons stay but a few months, and take great pleasure in "patronizing a doctor" while they remain, but are scrupulously careful to be "out of town" when he calls, at the end of the term of credit, with his bill. The system is a false and unfair one; and we hope, for the benefit of the profession, and convenience of the people, that the change now on foot will be effected. But to execute the plan proposed, will require unity, and decision of purpose on the part of the profession. There are men probably to be found, who may not at once accede to this plan; and who would urge the reason that they have always got along without difficulty, and see no inducement to change,—but because they may have been fortunate enough, either to make, or *marry* a competence, (the latter is oftener the case), they should not oppose what will be for the general good, or take advantage of the prejudice that may be excited in some, against this movement, for the sake of increasing their practice. But suppose they should, they will soon be "patronized" by the indignant non-payers, reap the full reward of their cupidity, and be welcome to the fruits of their aggrandizement. But there may be sincere, and honest objections to the plan, on more reasonable grounds. The profession ought not to take a step, that would detract from its benevolent character; this is the peculiar virtue of our calling; without it, we could claim no higher motive than that which moves the multitude. We do not conceive, however, of any reasonable objection to the proposed change, on these grounds—for the very fact of the cash system becoming prevalent, will enable the physician to answer with more readiness, and liberality, the peculiar claims of the needy, that are daily presented to his notice, many of which, he may be now compelled to overlook.

Another consideration,—many young men enter our profession, who have spent their all, in acquiring medical knowledge; and while they must pay cash for their board, office rent, and other necessary expenses, they are entitled to their fees for professional services as they may be earned, that their credit, and reputation for careful living, and honest dealing, may be maintained; whereas now, such individuals would sometimes sink under a load of debt, while they wait a year for competent patients to pay a bill, were it not for the helping hand of friends, who may interpose to save them. We know this from trying experience, and would fain save others from what we ourself have suffered. We hope the subject will be considered by other county societies, and can see no reason why the state society may not undertake the cause.

Our Annual Meeting,

In January next, we hope will be well attended. We think these meetings are increasing in interest, and hope that the profession will be diligent to sustain themselves in this organization, promoting always a constant advance in scientific attainment. The Society will hold its first session on the evening of the 22d of January, and be continued through the following day. Let the Reporters in the different counties see that they send their reports in time, to Dr. J. M. Cornelison, of Jersey City, who is the Chairman of the Standing Committee.

THE CLOSE OF OUR VOLUME.

Hereafter the Reporter will be issued on the first of every month, the seventh volume commencing with the 1st of January, 1854. The apparent irregularity in its issue during the current year, has been for the purpose of protracting the last number till this date, that hereafter, the year may commence with the first of January, instead of October, as formerly. We expect the forthcoming volume to be better than all its predecessors, and we claim for it, the support of the entire profession of the State.

We know that it has struggled much, up to this point, and we think we have a right to expect a more hearty, and even universal co-operation of the physicians of New Jersey. Shall we have it? Let the the January meeting at Trenton, and the county societies answer.

☞ *Our distribution lists in Philadelphia and New York, having become very large, subscribers, and exchanges, will henceforth be served by our Agents in those cities, instead of through the mails.*

PROCEEDINGS OF MEDICAL SOCIETIES.

The Annual Meeting of the *Monmouth County* District Medical Socicity, was held at the house of N. S. Rue, Freehold, on the 25th day of April, 1853. The President in the chair. Members present, Drs. Lewis (Pres't), R. R. Conover, E. Taylor, Cooke, A. V. Conover, Vought, DeBow, English, Woodhull, Barclay, Pettit, Dayton, W. A. Newell, Hubbard and Polhemus.

The President, Dr. J. T. Lewis, addressed the Society upon the injurious effects of *Fear* on the human system. The minutes of the last meeting were read and adopted. The Treasurer, Dr. E. Taylor, acknowledged the receipt of ten dollars per Dr. J. S. English as the distributive share of the funds of the State Medical Society, arising from license fees, due the District Society of the County of Monmouth.

On motion *Resolved,* that the thanks of the Society be tendered to the President for his Address, with the request of a copy for publication.

On motion, Drs. J. B. Throckmorton, and J. R. Conover were unanimously elected members of this Society.

On motion, the President appointed Drs. A. B. Dayton, A. V. Conover and R. W. Cooke a committee to report resolutions with reference to the decease of *Dr. Grandin Lloyd,* one of our members, which had occurred since our last meeting.

Resolved, That whereas *Dr. Grandin Lloyd,* a member of this Society has been removed by death, in the prime of life and usefulness, it becomes us, his associates, to bow in meek submission to this mysterious dispensation of God.

Resolved, That the members of this society deeply sympathise and condole with the relations and friends of the deceased, in this sore affliction, and also with the community in which he resided, in the loss which they have thereby sustained.

Resolved, That a copy of the Resolutions, signed by the President and Secretary, of the society, be presented to the family of the deceased, and published in the *New Jersey Medical Reporter*, and the newspapers of the county.

On motion, *Resolved*, That the Secretary of this Society have published together with the above Resolutions, a synopsis of the minutes of this meeting, in the *New Jersey Medical Reporter*, and newspapers of this county. N. S. Rue's bill for dinners, &c., was ordered paid from funds the society. The Finance Committee reported a balance in the hands of the Treasurer due society, of $13.12.

On motion, *Resolved*, That Dr. J. S. English and Dr. J. T. Lewis be appointed delegates from this society, to attend the next meeting of the American Medical Association.

Drs. R. W. Cooke and D. W. Barclay reported to the society verbally a case of Occlusion of the Vagina, successfully operated upon by them.

On motion, *Resolved*, That the thanks of the society be tendered to Drs. Cooke and Barclay, for their report, with the request of a copy for publication.

The election of Officers for the ensuing year was held, when

Dr. R. R. CONOVER was elected *President*.
" A. T. PETTIT, " *Vice* "
" J. VOUGHT, " *Secretary*.
" E. TAYLOR, " *Treasurer*.

Drs. R. R. Conover, A. B. Dayton, W, L. DeBow, and J. S. English, were appointed delegates to represent this society, at the Annual Meeting of the State society, at Trenton.

Dr. W. A. Newell was appointed Reporter for the ensuing year.

On motion, the society adjourned to meet at the house of N. S. Rue, on the last Monday of April, A. D. 1854.

D. POLHEMUS, *Secretary*.

A Quarterly Meeting of the District Medical Society for the *County of Burlington*, was held at the house of S. B. Campion, in Mount Holly, on the 11th day of October, 1853.

The President, Dr. Butler, in the chair. Members present, Drs. Stratton, Z. Read, Parrish, Longstreet, Young, Martin, and Gauntt.

The minutes of the last meeting were read and adopted.

The following preamble and resolutions were presented:

Whereas, There being many abuses connected with the popular credit system, as it prevails at the present time, whereby physicians are often defrauded of their just dues, the members of this society are

Resolved, That after the first of January 1854, they will adopt the plan of presenting their bills for professional services, at the termination of each case of sickness.

Resolved, That the rates of charges as adopted by the New Jersey Medical Society, by which we are governed, are in our judgment just and honorable; and in acknowledging our fealty to it, we consider ourselves bound to execute its requirements.

Resolved, That this preamble and resolutions be published in the *New Jersey Medical Reporter.*

The resolutions were laid upon the table for final action at next meeting.

The Secretary was directed to notify each member previous to the next meeting, that important business will be brought before the society.

On motion, Dr. F. Gauntt was appointed reporter for this county, and directed to report to the Chairman of the Standing Committee of the State society, the nature, course, and results of any epidemics, or other diseases that have prevailed in the county during the past year; and the physicians present were requested to furnish the reporter with a brief account of the variety of diseases which had come within the limits of their practice during that time.

On motion, *Resolved,* That the Secretary be authorized to have the notices of the meetings of this society printed in the form of circulars and pre-pay the postage on the same.

Adjourned to meet at the house of R. C. Humphrey, on the second Tuesday in January, 1854.

FRANKLIN GAUNTT, *Secretary.*

The Semi-Annual Meeting of the *Somerset Medical Society,* was held at Somerville, October 27, 1853.

The society, after the usual preliminary business, heard a report from Dr. J. W. Craig, stating his attendance on the sessions of the American Medical Association, as a delegate.

Verbal reports of interesting cases were made by several members.

Drs. J. B. Van Derveer, J. Alfred Gray, and L. H. Mosher, were elected members. Dr. Gray came forward, and having subscribed to the constitution, took his seat as a member.

H. F. VAN DERVEER, *Rec. Sec.*

We present our readers another number made up entirely of original matter, while we have original articles now on hand, which must be postponed till our January issue. An increase of one fourth in the size of the Reporter, will, we trust, relieve the pressure on cur columns. We hope correspondents will not withhold their favors, for we shall expect to accommodate them all.

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